DOG ADOPTION APPLICATION

It is our policy to make certain that each person who adopts a dog is aware of the responsibilities of pet guardianship and is capable and willing to accept those responsibilities morally, physically, and financially. Not every person who desires to adopt a dog should do so.

By completing this questionnaire, you will aid us in determining if you and your family are ready for pet guardianship and if your dog of interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

Dog of interest: _____ Date: _____

APPLICANT INFORMATION

Name: _____

Date of Birth: _____ E-mail: _____

Spouse/partner's name: _____

Date of Birth: _____ E-mail: _____

Address:

_____

Street address *Apartment/Unit#*

_____

City *State* *Zip Code*

Home phone: _____ Work phone: _____ Cell phone: _____

Is this a good number to send texts? _____

_____

Occupation *Work schedule and hours* *Work E-mail*

_____

Spouse/Partner Occupation *Work schedule and hours* *Work E-mail*

List all additional people living in your household (use back of this page if more names needed):

Name	*Age*	*Relationship to you*
Name	*Age*	*Relationship to you*
Name	*Age*	*Relationship to you*

PERSONAL REFERENCES

Please list two personal references and their relationship to you (excluding parents and housemates).

1. _____

Name *Relationship to you*

_____

Address *Phone*

2. _____

Name *Relationship to you*

_____

Address *Phone*

YOUR HOME

Type of dwelling: (circle one) House • Apt • Condo • Mobile home • Other _____

Do you: Own Rent Other_____

Do you have a yard? _____ If yes, is it: Fenced • Unfenced

If you rent, what are the owner's rules regarding pets?

_____

Landlord's name: _____ Phone: _____

If you rent, please have your landlord complete the Landlord Agreement form found on the last page of our application.

CURRENT PETS

Dogs: If you currently have dogs, please fill out the following information:

1. _____

Name *Breed* *Age* *Sex* *How many years have you had this dog?*

Is your dog spayed/neutered? _____ Does your dog live indoors/outdoors/both _____

2. _____

Name *Breed* *Age* *Sex* *How many years have you had this dog?*

Is your dog spayed/neutered? _____ Does your dog live inside/outside/both _____

3. _____

Name *Breed* *Age* *Sex* *How many years have you had this dog?*

Is your dog spayed/neutered? _____ Does your dog live inside/outside/both _____

4. _____

Name *Breed* *Age* *Sex* *How many years have you had this dog?*

Is your dog spayed/neutered? _____ Does your dog live inside/outside/both _____

Cats: If you currently have cats, please fill out the following information:

How many cats do you have: _____ Do they live indoors/outdoors/both _____

If your cats spend time outdoors, are they up to date on their rabies vaccinations? _____ Are your cats spayed/neutered? _____

Other pets: Please list any other pets you have _____

PREVIOUS PETS

If you have had dogs in the past, please complete the section below:

Breed: _____ Age: _____ Sex: _____ Spayed/Neutered? _____ Indoors/Outdoors _____

What happened (circle one): died rehomed ran away other _____

What year: _____ If your dog died, please list the cause of death: _____ Has your dog ever had puppies? _____

If yes, the dog was bred for: Fun • Show • Profit • Accident

Have your family members experienced animal related allergies? _____

Have you ever trained a dog? _____

Circle all that apply: Basic commands • Potty training • Herd • Hunt • Guard/attack • other: _____

VETERINARIAN (current or previous)

Name: _____ Clinic: _____ Phone: _____

City: _____ State: _____

YOUR NEW DOG

Who would be responsible for the care of your new dog? _____

What is your reason for adopting a dog? (circle all that apply):

Companion • Guarding • Showing • Hunting • Other: _____ If a companion, whose? (circle all that apply): You • Spouse • Children • Other pets • Other:

_____

How many hours per day will the dog be left alone? _____

When the dog is alone, where will it be left?: (circle all that apply) in the house • outside • crated • tie out • garage • other _____

If your dog will be outside at all, what outside space is available for the dog? (circle all that apply):

fenced yard • unfenced yard • patio • pen • balcony • other_____

How will the dog receive exercise?: _____

Do you travel? _____ If so, how often? _____

If you travel, how will you care for the dog while you are gone? _____

Under what circumstances would you not keep the dog? (circle all that apply) Please consider these carefully.

Divorce/ break up • Illness • Moving • New baby • New job • Housetraining problems • chewing • barking • digging • allergies • shedding • dog grew too large • dog ages • becomes ill • children ignore the dog • pets do not get along • not obedient enough • other

_____

•

• If the dog has accidents or is destructive to your home, what would your course of action be?

_____

If the dog becomes aggressive to people, how would you handle it? _____

_____

If your dog is aggressive to other dogs, how would you handle it? _____

_____

If your dog becomes ill or injured, are you able to finance medical care? _____

Will you provide monthly flea/tick and heartworm prevention? _____

APPLICATION AND QUESTIONAIRE INFORMATION ACKNOWLEDGMENT

We would like to remind you that having guardianship of a dog can be up to a 20-year commitment. Also, information is not always available regarding the prior history, behavior, or temperament of these dogs. Your new dog may take up to two months to become fully adjusted to its surroundings and it may require extra patience and training during this time. Feel free to call us with any questions.

By signing this document, I hereby authorize Farmington Pet Adoption Center (FPAC) to check any applicable references, which includes veterinary records and landlord agreements. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for termination of this application. FPAC reserves the right to deny any adoption application at our discretion.

All the information I have provided in this application is true and accurate. If any of the information provided proves to be untrue, I understand and agree that FPAC reserves the right to cancel or refuse any adoption in progress.

I also understand that I am responsible for the health and well-being of any animal I adopt from FPAC. If circumstances change that could threaten the safety or well-being of the animal I am asking to adopt, I understand that I am requested to notify FPAC to discuss options for surrendering the dog without refund of original adoption fees.

Signature: _____ Date: _____

Print Name: _____

Co-App Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY:

Dog of Interest: _____ ID #: _____ Adoption Date: _____

Approved: _____ Denied: _____ Signed by Canine Coordinator _____

	Approved	Denied	Date	Verified by
Reference 1				
Reference 2				
Veterinarian				
Meet and Greet				
Landlord Agreement				

***References**:*

1. _____
   Name *Phone* *Comments*
2. _____
   Name *Phone* *Comments*

Veterinarian:

	Name	Spayed/ Neutered	Rabies	DA2PPV	♥ worm treatment
Dog 1					
Dog 2					
Dog 3					
Dog 4					
Cats (indoor)			*N/A*	*N/A*	*N/A*
Cats (outdoor)				*N/A*	*N/A*

Comments: _____

_____

Landlord Agreement:

Comments: _____

M***eet and Greet:***

Comments: _____