

# Adoption Application Form

## Contact Information:

Name of adopter: \_\_\_\_\_ Date of application: \_\_\_\_\_

Address: \_\_\_\_\_ Length at  
address: \_\_\_\_\_

Employer and Phone  
number: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone  
#: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_ @  
\_\_\_\_\_

## Family & Housing

Who resides in the home and their relationship to you and ages if under 18?

Name	Relationship to you	Ages (if under 18)

Do you rent or own: \_\_\_\_\_ Is there a home owners association:  
( ) Yes ( ) No

If you rent, please provide the name and phone number or the landlord:

\_\_\_\_\_  
\_\_\_\_\_

**(by providing this information you are allowing DFB to contact your landlord please  
inform them of this call so they will speak with us)**

**If you have a home owners association, please provide documentation that any  
breed of dogs is allowed. If you own please provide mortgage statement.  
(office use, provided papers:**

\_\_\_\_\_

What type of home do you live in: \_\_\_\_\_ Do you have a yard: \_\_\_\_\_

Do you have a 6-foot fence in good repair with latching and locking gates: \_\_\_\_\_

If not, how will the dog get exercise and be able to move and run freely?:  
\_\_\_\_\_

Please describe your household: \_\_\_\_\_ Active \_\_\_\_\_ Quite \_\_\_\_\_ Noisy \_\_\_\_\_ Average

Does anyone in the family have a known dog allergy? ( ) Yes ( ) No

If yes, who: \_\_\_\_\_

Is everyone in an agreement and understand the decision to adopt a dog?: ( ) Yes ( ) No

Has all family member met the dog ( ) Yes ( ) No

Do you and your family have the ability to provide adequate love and attention to a new dog? ( ) Yes ( ) No

### **Other Pets in the home**

What are the names, breed, and ages of your other animals, are they up to date on vaccines, are they fixed ?

Name	Breed	Age	Up to date on vaccines	Spayed/ Neutered

If not spayed and neutered, If not, why?  
\_\_\_\_\_

Have you ever had to surrender a pet? If so, why?  
\_\_\_\_\_

Have you ever had a pet euthanized? If so, why?  
\_\_\_\_\_

Have you ever lost a pet to an accident, please tell us about it:  
\_\_\_\_\_

How do you discipline your pets and why?  
\_\_\_\_\_

\_\_\_\_\_

**Veterinarian**

Do you have a regular veterinarian ( ) Yes ( ) No

Veterinarian's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Address: \_\_\_\_\_

**Providing DFB with this information you are allowing DFB to call your vet. Please call your vet and ask them to authorize the release of information to DFB**

**About the Dog You Wish to Adopt**

What is your idea of an ideal dog and why?

\_\_\_\_\_

\_\_\_\_\_

Desired Age: \_\_\_\_\_ Desired size: \_\_\_\_\_ Desired breed: \_\_\_\_\_  
House broken: ( ) Yes ( ) No

What breed would you not adopt: \_\_\_\_\_ and why:

\_\_\_\_\_

Desired sex: \_\_\_\_\_ Spayed Female \_\_\_\_\_ Neutered Male \_\_\_\_\_ No preference

**Willing to adopt:**

Outgoing/ Hyper dog ( ) Yes ( ) No	Shy Dog ( ) Yes ( ) No	Dog on regular medication ( ) Yes ( ) No
Dog that need training ( ) Yes ( ) No	Dog that need grooming ( ) Yes ( ) No	Special needs dog ( ) Yes ( ) No

Where will the dog spend the day? (describe) \_\_\_\_\_

\_\_\_\_\_

Where will the dog spend the night? (describe) \_\_\_\_\_

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How long on an average will the dog be home alone? \_\_\_\_\_

Where will the dog stay? \_\_\_\_\_

Who will have primary responsibility of the dog's daily care? \_\_\_\_\_

Who will have financial responsibility for the dog? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian ( ) Yes ( ) No

If no, please inform us why: \_\_\_\_\_

Do you agree to keep the dog as an indoor dog? ( ) Yes ( ) No

While the dog is outside, how do you plan to keep the dog safe and free to running away or getting hurt?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree if for any reason you are unable to keep the dog you will surrender the dog back to DFB? ( ) Yes ( ) No

Are you willing to let a representative of DFB visit your home, by appointment to do a home check? ( ) Yes ( ) No

Best times to schedule an appointment when everyone will be home:

\_\_\_\_\_

How did you hear about DFB: \_\_\_\_\_

Would you be interested in fostering ( ) Yes ( ) No ( ) would like more information.

#### Personal References

Please list people who is familiar with both you and your current pets"

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Years known: \_\_\_\_

E-mail address: \_\_\_\_\_ Relationship to you? \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Years known: \_\_\_\_

E-mail address: \_\_\_\_\_ Relationship to you? \_\_\_\_\_

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

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(Signature)

(Date)