



(858) 442-6585
sandy@nwtlb.org

Adoption Application

Dog of interest: _____

Contact Information:

Full name: _____ Occupation: _____

Address: _____ How long at this address: _____

Home Phone: _____ Cell Phone: _____ Best time to call: _____

Email address: _____

Family & Housing:

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.? _____

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets:

What other pets do you have (specify type and number)? _____

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why? _____

Have you every surrendered a pet? If so, why? _____

Have you ever had a pet euthanize? If so, why? _____

Have you ever lost a pet to an accident? _____

How do you discipline your pets and why? _____

Veterinarian

Do you have a regular veterinarian? Yes No
Veterinarian's name: _____ Clinic Name: _____
Clinic Address: _____ Clinic Phone: _____

About the Dog You Wish to Adopt

What is your idea of an ideal dog and why? _____

Desired age: _____ Desired Size: _____ Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog dog that needs regular medication
dog that needs training dog that needs grooming None of these

Where will the dog spend the day? (describe) _____

Where will the dog spend the night? (describe) _____

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

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

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

When the dog goes out, how do you plan to supervise it? Fenced yard? _____

Do you agree to contact Sandy if you can no longer keep this dog? Yes No

Are you be willing to let a representative of Sandy visit your home by appointment? Yes No

Would you be interested in fostering? Yes No Would like to know more

Personal References: Please list someone who is familiar with both you and your pets.

Name: ? _____ Name: ? _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Relationship (relative, neighbor, friend, etc.): _____ Relationship (relative, neighbor, friend, etc.): _____

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.

(Signature) (Date)