

## Pet Adoption Application Form

### Contact Information

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening 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:

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

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)?

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Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not..why? \_\_\_\_\_

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

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

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Have you ever lost a pet to an accident?

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How do you discipline your pets and why?

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## **Veterinarian**

Do you have a regular veterinarian? \_\_\_ Yes \_\_\_ No

Veterinarian's name: \_\_\_\_\_

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

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

Clinic Phone: \_\_\_\_\_

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

**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 PPPR if you can no longer keep this dog? ☐ Yes ☐ No

Are you be willing to let a representative of PPPR visit your home by appointment?

☐ Yes ☐ No

How did you hear about PPPR? \_\_\_\_\_

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:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

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)