



Dog Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Primary Phone: _____ Best time to call: _____

Email address: _____

Family & Housing

Do You: RENT ☐ OWN ☐

If you rent, please provide information from lease regarding pets' policy and provide full name/contact information for your Landlord:

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

How many children (ages)? _____ How many adults? _____

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

Is the yard secure and fully fenced? ___ Yes ___ No How big is the yard? _____

What is the fence constructed of and how high is it? _____

Anyone in the family have allergies to dogs? ___ Yes ___ No Is everyone in agreement to adopt a dog? ___ Yes ___ No

Other Pets

What pets do you have currently (specify type, age and number)?

Are these pets up to date on vaccines? ☐ Yes ☐ No

Are these pets spayed/neutered? ☐ Yes ☐ No

If not why?

Have you owned animals in the past?

☐ Yes ☐ No

What kind of pet(s) were they?

What happened to them?

Have you ever given a pet away? ☐ Yes ☐ No

If so, why?

Under what circumstances would you return a dog?

Veterinarian

Veterinarian's name:

Clinic Name:

Clinic Address:

Clinic Phone:

Is this your current veterinarian? ☐ Yes ☐ No

Have you had any other veterinarians for previous animals?

☐ Yes ☐ No

Please provide their information:

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

Your Potential Dog

What is your idea of the ideal dog and why?

Desired age:

Desired breed:

Desired size:

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 the above

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

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

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

Dogs can live for many years and require ongoing time, financial and emotional commitment.
What makes you certain that you are able to provide this kind of assurance?

Any further information you would like us to know?

- ☐ I acknowledge that all of the information I have given is true and complete. Any misrepresentation of information authorizes Dire Woofs Dog Rescue to deny my application.
- ☐ I agree to contact Dire Woofs Dog Rescue if I can no longer keep this dog.
- ☐ This dog will reside in my home as a pet. I will provide it with exercise, food, plenty of water, shelter, affection, annual physical examination and vaccinations under the supervision of a licensed veterinarian.
- ☐ I agree to pay the adoption fee of \$400 to Dire Woofs Dog Rescue.

(Signature)

(Date)

(Witness)

(Date)

References

Reference 1: Name: Relationship: Phone:	Reference 2: Name: Relationship: Phone:	Reference 3: Name: Relationship: Phone:
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A home check is the final part of this application. A member of the Dire Woofs Dog Rescue team will contact you to arrange this step.

Please complete and return form to adopt@direwoofs.org
"Fostering Dogs and Community"
www.direwoofs.org