

ADOPTION APPLICATION FORM

Date:	Type of dog desired:	Color(s):
Age of dog desired:	Oldest dog considered:	Approx. weight as an adult dog:
Applicant Information		
Name:	Driver's license number:	State:
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: Yes No		Have you been tested: Yes No
Are you presently: Employed Y / N Employer:		Unemployed Retired Student
Co-Applicant Information		
Name:	Relationship:	
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: Employed Employer:		Unemployed Retired Student
General Information		
Type of residence: House Apartment Condo Mobile Home Farm/Barn		
If rental, are dogs allowed?: Yes No	Size Restrictions? Yes No	Max. Size:
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: City Limits Outside City Limits		
Type of street: Very busy road Slight traffic Residential area Country road		Speed limit:
Where will dog live? Inside only Outside only Mostly inside Mostly outside		
Where will the dog spend nights? Inside Outside		
Do you have a fenced yard ? Yes No		If Yes, how high?
Will you allow the dog to run loose? Yes No		If Yes, where?
How many hours per day will the dog be alone?		Where will the dog stay when left alone?
		Please complete both pages

Describe the activity level in your home:	Busy (visits by friends, meetings, children, parties at home) Noisy (TV, stereo, machinery, tools, children playing, dogs barking) Moderate (Normal comings and goings) Quiet (homebodies, few guests) Other (specify)			
In the absence of the primary caregiver, who will care for the dog?				
Under what circumstances would you return the dog to us? New Job Divorce New Baby Move Illness Other – specify				
Have you researched the specific breed you are interested in?				
Please explain the good and bad characteristics of the breed:				
Are you willing to take responsibility if this pet acquires an illness for tests positive for heartworms? Yes No				
Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No				
Are you willing to take the time to work with a dog on housebreaking or chewing, if such problems arise? Yes No				
Would you consider obedience training for your new dog? Yes No				
How much time are you prepared to allow for your new pet to adjust to your home?				
Pet Information				
Have you had pets in the last five years? Yes No			If yes, complete the following chart	
<i>Name of Pet; Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
Yes No		Inside Outside		
Yes No		Inside Outside		
Yes No		Inside Outside		
Yes No		Inside Outside		
Yes No		Inside Outside		
Current or past vet name of clinic:			Phone:	
Do you consider your dog a part of the family? Yes No			Will your dog be on heartworm prevention? Yes No	
Are you aware that a dog is a large and lifelong commitment? Yes No				
How did you hear about the AAL?			Would you like to become a volunteer? Yes No	
Personal References				
# 1 Name:			Relationship:	
Phone:			Best time to contact:	
Comments:				