



Adoption Application

We greatly appreciate your interest in adopting a homeless animal. The goal of this questionnaire is to ensure our pets are going to the most compatible homes. Please answer these questions honestly and thoroughly so that we can make sure the animal you are interested in will make a good companion for you.

Name of animal you wish to adopt: _____

Your Full Name: _____ Age: _____

Name of Secondary Adopter: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Primary Phone Number: _____ Ideal Calling Times: _____

Reasons you are considering adopting a pet (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Companion for other pet | <input type="checkbox"/> Family pet |
| <input type="checkbox"/> Child's pet | <input type="checkbox"/> Companion for self |
| <input type="checkbox"/> Guard/watch dog | <input type="checkbox"/> Barn cat/mouser |
| <input type="checkbox"/> Surprise gift | <input type="checkbox"/> Breeding |

How long have you lived at your current address? _____

Type of residence: House Apartment Town Home Mobile Home

Do you: Rent Own Live with family member or friend

If you rent:

Name of apartment complex/landlord: _____

Contact number for complex/landlord: _____

Does your lease allow pets? Yes No

If yes, are there weight and/or breed restrictions? Yes No

If yes, please explain: _____

Does your residence have a fenced-in yard? Yes No

Please list ALL pets you have had in the last 10 years and where they are now.

Do you currently own any pets? Yes No

If yes, what types of pets? _____

Are your pets spayed/neutered? Yes No

Are your pets up to date on vaccinations? Yes No

Are your pets on heartworm prevention? Yes No

Date of last vet visit: _____

Veterinarian's Name: _____

Veterinarian's Phone Number: _____

Do you understand that you must notify your veterinarian that Rotties & Notties has your permission to call and ask for a reference check? Yes No

Is your family in agreement about adopting a pet? Yes No

Are there any children in your household? Yes No

If so, what ages? _____

Have your children had previous experience with pets? Yes No

Why do you wish to adopt a pet? _____

What energy level are you looking for in a pet? High Medium Low

What activities would you do with your pet? _____

How long will your pet be home alone on an average day? _____

Where will your pet stay during the day? _____

Where will your pet stay during the night? _____

Where will your pet stay if you go on vacation? _____

How often would you be able to groom your pet? _____

Would you use your pet as a guard dog? Yes No

For which reasons would you give up your pet? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Divorce | <input type="checkbox"/> New baby |
| <input type="checkbox"/> Shedding | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Behavior problems |
| <input type="checkbox"/> Excessive barking | <input type="checkbox"/> Financial reasons | <input type="checkbox"/> Not staying in fence |
| <input type="checkbox"/> Adult size too large | <input type="checkbox"/> Not getting along with children | <input type="checkbox"/> Not getting along with other pets |
| <input type="checkbox"/> Other (please explain): _____ | | |

Have you ever turned in a pet to an animal shelter? Yes No

If yes, please explain: _____

Has a pet every died while in your care? Yes No

If yes, please explain: _____

Please provide contact information for 3 references (non-family).

Name of Reference: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Relationship: _____

Name of Reference: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Relationship: _____

Name of Reference: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Relationship: _____

Any additional comments? _____

Applicant's Name (please print): _____

Applicant's Name (please sign): _____

Date: _____