***Please respond to the questions below as completely as possible in order for us to ensure lifelong adoptions.***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Email: | | Date: |
| Street Address: | City: | State:              Zip: | |
| Home Phone: | Cell Phone: | Type of dwelling: (apt, etc.) | |
| **Name of Desired Dog:** | Preferred age of dog: | | |
| Is everyone in the household in agreement of adopting a dog?     YES     NO | Are you willing to have a representative of K-9 visit where the dog will be living?     YES     NO | | |

**HOME INFORMATION:**

|  |  |
| --- | --- |
| How long have you lived in your home? | Do you rent or own? |
| Do you have a fenced-in backyard?     YES     NO | If yes, list type and height: |
| Can you provide proof that you are allowed to have a dog (lease or HOA)?  YES   NO | |
| Does your landlord or HOA have any breed/size restrictions? | |
| If renting, is your landlord aware you are applying to adopt a dog?     YES     NO N/A | |
| IF RENTING, PROVIDE LANDLORD’S NAME AND PHONE NUMBER: | |

**GENERAL INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Adults in Household: | Number of Children: | | Ages of Children: |
| Is any member of the household allergic to dogs? YES     NO | Who will be the primary caregiver for the dog? | | |
| Are there times when the dog will be left outside unsupervised?     YES     NO | | If YES, when? | |

**PET HISTORY:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you currently have a dog(s)?     YES     NO | | | | Do you currently have a cat(s)?     YES     NO | | | |
| **IF YOU HAVE HAD PETS IN THE LAST 10 YEARS, PLEASE COMPLETE THE FOLLOWING:** | | | | | | | |
| Name: | Breed: | Age: | Gender: | | | Spayed/Neutered  YES  NO | Current on vaccines YES NO |
| VET’S CONTACT INFORMATION: | | | | | | | |
| Have you ever had to find a new home for your pet?  YES  NO | | | | | If YES, please explain: | | |
| Have you ever turned a pet into a shelter?    YES   NO | | | | | If YES, please explain: | | |

**SCHEDULE/ EXERCISE/ TRAINING:**

|  |  |
| --- | --- |
| How many hours will the dog be left alone? | Where will the dog be for these hours?  (i.e., crate, outside, room) |
| Do you have plans for a mid-day break?     YES    NO | Where will the dog sleep? |
| What type of exercise will you provide the dog and how often? | |
| Do you plan to attend obedience training?     YES    NO | Are you willing to train any unwanted behaviors?     YES    NO |
| What behaviors would concern you about your new dog? | |
| What would you do if the dog is destructive? | |
| Under what circumstances would you return a pet? | |
| How much time are you willing to spend helping your dog adjust in his new home? | |
| What changes do you anticipate in the next 5-10 years? (*moving, job/schedule change, school, having children*) | |

***Dogs adopted through K-9 Lifesavers must be returned to us if an adoption does not work out for any reason.***

***K-9 Lifesavers may, in its sole discretion and for any reason, approve or deny any application for adoption.***