



Adoption Application Form

I'm applying for the adoption of the dog named: _____

Contact Information

Full name: _____

Occupation: _____

Address: _____ City: _____

How long at this address: _____

Phone: _____

Email address: _____

Family & Housing

How many adults (their relationship to you) and children (please inform ages) are there in your family?

What type of home do you live in:

single family town home apartment farm other: _____

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 Saving Paws 4 Love (SP4L) to contact your landlord; please inform them of this call so they will speak with us)

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)?

Are these pets spayed/neutered? Yes No

Up to date on vaccines? Yes No

If not, why? _____

Have you ever surrendered a pet? Yes No

If so, why? _____

Have you ever had a pet euthanized? Yes No

If so, why? _____

How do you discipline your pets and why? _____

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing Saving Paws 4 Love with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to SP4L.)

About the Dog You Wish to Adopt

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

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 SP4L if you can no longer keep this dog? Yes No

Are you be willing to let a representative of SP4L visit your home by appointment?

Yes No

How did you hear about SP4L? _____

Would you be interested in fostering? Yes No I Would like to know more about fostering

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.

(Print Name)

(Signature)

(Date)