

Name & Breed of Dog		
Date:	 	

## DOG ADOPTION APPLICATION

This form and a consultation with a LDCRF representative are designed to help you find the dog most compatible with your lifestyle. Completion of this application does not guarantee adoption of an LDCRF dog. Please respond to the questions below as completely as possible.

## In order to be considered as an adopter you must:

1. Be 21 years of age or older 2. Have a valid driver's license or other government-issued ID 3. Have the knowledge and consent of your landlord if renting 4. Be willing and able to provide proper care, training and medical treatment

Name:			
· ·	State:		
Home phone:	Cell phone:	Work phone:	
	Employer:		
Employer Address:			
Number of Adults in Household	Number of Children	Ages of Children	
Are all the adults in your household	aware that you are adopting a dog and	d in agreement? yes no	
Who will be the primary caregiver fo	r your new dog?	_ Is any member of the household all	ergic to dogs?
What type of housing do you live in?	house apartment condo	other	
Do you own or rent?	Landlord's name & phone #		
Do you have a completely fenced ya	rd? What kind of fence? _	Height	Gate?
Do you have a pool?	If yes, is it fenced?		
Why do you want a dog?			
What qualities are you looking for in	your new dog?		
along with cats not getting along v	uld be a serious problem for you? Ex with other dogs not good with children not good being left alone difficult to w	not housetrained too active not	t playful with other
How many hours each day will the c	og be left alone?Where v	will the dog be kept when alone?	
Where will the dog be when you are	home?V	Where will the dog sleep at night?	
Are there times when the dog will be	tied outside?If yes, when	?	
How often and what type of exercise	will you give your dog?		

If you presently have a companion animal(s), please complete:

Name	Breed	Age	Gender	Spayed/ neutered?	Current on vaccines?
	ad a companion animal(s), ple		s owned	What ha	ppened?
Name	Dieeu	Teats	o Owneu	vviiat iia	ppeneu :
lame of your veterinarian	1		City/Town	<u> </u>	
Have you ever turned a pe	et into a shelter?I	f yes, explain			
Are you planning to attend	d obedience classes with you	r new dog?			
f your new dog is not hou	isebroken, how will you corre	ct him/her when the	re is an accident, ar	nd what method w	ill you use to train
-	sebroken, how will you corre				•
nim/her?					·
nim/her?	•	How long do yo	ou expect housetrain	ning to take?	
nim/her?		How long do yo	ou expect housetrain	ning to take?	
nim/her?	/travel, who will care for the d	How long do yolog?	ou expect housetrain	ning to take?	
Nhen you go on vacation How much are you willing Are you ready to take resp	/travel, who will care for the d to spend on medical bills for ponsibility for this dog/puppy	How long do your dog?  for the next 10-15 y	ou expect housetrain What would ears?	ning to take? you do if the bills	go over this amount?
Nhen you go on vacation How much are you willing Are you ready to take resp What provisions will you n	/travel, who will care for the donor to spend on medical bills for ponsibility for this dog/puppy make for the dog should you be	How long do your dog?  your dog?  for the next 10-15 your dogecome unable to ca	ou expect housetrain  What would ears?  are for it ?	ning to take?you do if the bills	go over this amount?
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When you go on vacation, How much are you willing Are you ready to take resp What provisions will you n Have you previously appli Have you ever relinquished Are you willing to have a r NTERVIEWERS, Please Vaccines ID tag/LDRF	/travel, who will care for the deto spend on medical bills for ponsibility for this dog/puppy make for the dog should you be ded to adopt a dog or cat from the dog or cat to representative of LDCRF visite initial that you have discussions.	How long do your log? your dog? for the next 10-15 your dog? tecome unable to can LDCRF? If ye where the dog will seed the following needs return points.	what would  ears?  If yes, when?  s, when?  be living?  topics: heartworm  icy fees med	you do if the bills  Explain: Explain: disease/prevention	go over this amount?

\_Date:\_\_\_\_

Prospective Adopter Signature: