

Dog Adoption Application

Date:

Last Name(s):

First Name(s):

Please fill out both sides of this form as completely as possible.

Your answers will help us find the right dog for your family!

Information on this form is for A.D.O.P.T. use only.

Address:

City:

State:

Zip Code:

County:



For Office Use Only: DNA

420 Industrial Drive
Naperville, IL 60563
adoptpetselter.org
(630) 355-2299 (phone)
(630) 800-2194(fax)

Home Phone:

Cell Phone:

Email:

Age: *Under 21* *21-30* *31-40*
 41-50 *51-60* *61-70* *70+*

Your Household

Please list the people who live in your home (even part-time), their ages, and relationship to you.

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Employer/position (you) *Full Time* *Part Time*

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Employer/position (partner) *Full Time* *Part Time*

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How many hours will this pet be alone?

Your Pet History

Please list all pets (past and present) that you have owned in the last 5 years:

| Name | Breed/Type | Age | Spayed/ Neutered? | Describe your pet's personality: | Do you still have this pet? If not, what happened to them? |
|------|------------|-----|----------------------|-------------------------------------|---|
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Your Home

How long have you lived at this address?

Property Type: *House* *Townhome* *Apt/Condo*

Do you have a yard? *Fenced* *Unfenced* *No yard*

Fence Type, Height:

Do you plan to move in the near future? *Yes* *No*

If yes, when?

Is this a rental property? *Yes* *No*

Does your landlord allow pets? *Yes* *No*

Have you researched your landlord/
HOA's pet policies and limitations? *Yes* *No*

Limits: Weight, qty. of pets, etc.

Restricted Breeds:

Pet Preference Questionnaire

What are you most looking for in a new companion? We will use your answers to try to find your best fit!

Size: *Small (under 30 lbs.)* *Medium (30-60 lbs.)* *Large (over 60 lbs.)*

Sex: *Male* *Female* *No Preference*

Personality: *Playful* *Okay with strangers* *Great with kids* *Very active*
 Shy *Snuggler* *Dog friendly* *Laid back* *Independent* *Social butterfly*

What activities would you like to do with your dog:

Running *Therapy work* *Road trips* *Agility or other dog sports* *Attend social events*
Couch Potato *General training* *Neighborhood walks* *Dog parks* *Yard time*
 Other: _____

A dog may have behavioral needs that require extra training. I would be willing to work with:

Separation anxiety/Velcro dog *Reactivity (to other dogs and/or people)* *Excessive barking*
Housetraining issues *Destructive chewing* *Playful mouthiness* *Sensitive to touch*
Protective of food/toys *General fear/anxiety* *Digging/escaping* *Overenthusiastic greeter*

Pet Training

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|---|--|
| <i>If I caught my dog chewing my shoe, I would...</i> | <i>If I discovered a potty accident after the fact, I would...</i> |
| | |

Have you worked with a trainer before: Yes No If so, where/with whom? _____

Veterinary Care

If you have had a pet in the last 5 years, who was their vet:

Clinic Name: _____ City/State: _____

| | |
|---|--|
| <i>What is heartworm disease and how is it prevented?</i> | <i>How often do dogs see the vet for check-ups and vaccines?</i> |
| | |

I certify the information provided is complete and correct to the best of my knowledge. I give my permission for any of this information to be verified. I understand that A.D.O.P.T. has the right to deny any adoption, for any reason.

Signature

 Date

A.D.O.P.T. will not consider any application with false or misleading information.

****OFFICE USE ONLY****

Counselor/Date: _____ **Comments:** _____

| Pet Name | Recommend | Maybe | Not Recommended |
|----------|-----------|-------|-----------------|
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