



Dog Adoption Form

Date ___/___/___

Dog Name/Description _____ Dog ID # _____

Name (s) _____

Address _____ City _____ State _____ Zip _____

Email Address (Mandatory for Microchip Registration) _____

Cell phone: _____ Home phone: _____ Work phone _____

Best way to be reached by phone? cell home work

Best time of day to be reached? morning afternoon evening

Do you: Own Rent Do you live in: House Apartment Condo Mobile Home Other

If renting, please provide Landlord Name & Number _____

We welcome adopters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees.

Children in Household/Visit: 1-4 yrs 5-8 yrs 9-12 yrs 13 yrs & older None

Are you moving within the next year? Yes No If yes, will you take the dog with you? Yes No

Is anyone in the home allergic to dogs or cats? Yes No

Have you ever relinquished an animal to an animal shelter or individual? Yes No

If yes, please explain: _____

Have you adopted any pet(s) from a different shelter? Yes No If yes, where? _____

Have you ever adopted from the Bea Martin Peck Shelter or Prairie Paws? Yes No If so, when? _____

Please indicate the importance of the following with respects to a new dog:

| | Very Important | Important | Not Important |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Friendly with Children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friendly with Dogs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friendly with Cats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friendly with visitors to the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy being groomed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy being held | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy being petted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quiet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My pet will be alone for: 1-4 hours 5-8 hours 9-12 hours Longer than 12 hours

Under what circumstances would you not be able to keep the dog?

Divorce/Separation New Baby New Job Allergies New Relationship Illness Preferring one person over another Under No Circumstances Other _____

My Pet will primarily live: Inside Outside

I plan on using the following: (check all that apply) Crate Doghouse Runner/Tie out

| | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Basement/Garage | <input type="checkbox"/> Chain | <input type="checkbox"/> Full Fenced Yard | <input type="checkbox"/> Partial Fenced Yard | <input type="checkbox"/> Outside Pen |
| <input type="checkbox"/> Leash | <input type="checkbox"/> Invisible Fence | <input type="checkbox"/> Yard (no fence) | | |

Please tell us about your current pets: (please list all pets in household)

| Name | Breed | Age | Name | Breed | Age |
|--------------|-------|-----|--------------|-------|-----|
| Dog(s) _____ | | | Cat(s) _____ | | |
| _____ | | | _____ | | |
| _____ | | | _____ | | |

Have you owned a pet within the last 5 years that is not listed above? Yes No

If yes, please list and explain: _____

Are your pets spayed/neutered? Yes No

Are the dogs on heartworm prevention? Yes No

Do you have a Veterinarian? Yes No If yes, please provide Veterinarian information below:

Name: _____ Location: _____ Phone: _____

Name records are under: _____

Other info you want to share?

By signing this application, I attest that all questions were answered truthfully to the best of my knowledge. If the Prairie Paws Animal Shelter finds any discrepancies at any time, this could result in the animal's retrieval or cancellation of the application. I hereby acknowledge that the questions and responses in this application are fully incorporated as set forth within the Adoption Agreement and are a part of the contractual agreement I am voluntarily entering into with the Prairie Paws Animal Shelter.

Signature _____ Date _____

For Office Use Only

Notes: _____

Date: _____

Initials _____ Approved

Denied Reason _____ Initials _____