

COMPANION ANIMAL PLACEMENT (CAP)

APPLICATION TO ADOPT A DOG

Pet's Name: _____ Sex: _____ DOB: _____

PERSONAL INFORMATION

Today's Date _____

First Name: _____ Last Name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Email: _____ Spouse's name: _____

HOUSEHOLD INFORMATION

Please indicate how many of the following live in your household:

Adults (over 18): _____ Children (under 18): _____ What are their ages? _____

Are all members of the household in agreement about adopting a dog? Yes No

Do you rent or own your home? Rent Own

If you rent, please provide landlord's name and phone number so we may verify you are allowed to have pets: _____

Do you know if your landlord/building charges "pet rent/pet deposits" and if so, are you prepared to make the commitment?

Does anyone in your home have Allergies? _____ Smoke? _____

Please describe your home: Apartment, single family detached, duplex, etc. Do you have a backyard? _____ Fenced in? _____ Do you plan on leaving your dog outside unattended? If so, please elaborate. _____

EXPERIENCE

Please note that experience with dogs is NOT a requirement for adoption unless specifically stated in the dog's description. Have you ever lived with a dog before? Yes No

If yes, please describe your experience(s) and a brief history of what happened to the dog(s). If your last dog passed away, please state dog's name and date deceased. Has your dog ever produced puppies? _____

Have you ever surrendered a pet to a shelter or rescue organization? Yes No If so, why? _____

Do you currently have any pets at home? Yes / No How many? _____ Breed? _____

CARE OF THE DOG

Do all adults work full time? Yes / No How many hours a day will your dog be alone? _____

How many hours each day will you spend time with your dog? _____

Where will your new dog be kept when it is alone? _____

Where will your new dog sleep? _____

Do you have plans to use a dog walker? If so, who? _____

Do you plans to use a dog trainer? If so, who? _____

Do you plans to use a dog daycare service? If so, who? _____

VET REFERENCE (If you do not currently have a vet, please give us a vet you have used in the past for other animals. If you have not had an animal before, please give us a second personal reference). Please inform your vet we will call.

Vet's Name: _____ Clinic/Hospital/Practice:

Phone number: _____ Name(s) records are under:

PERSONAL REFERENCE (Someone, not related, who knows you and your animals)

#1 Name: _____ Relationship to Applicant:

Phone number: _____ Email: _____

#2 Name: _____ Relationship to Applicant:

Phone number: _____ Email: _____

ALMOST DONE!

Can we call you in the future for reports on the dog/puppy: Yes / No

If for any reason whatsoever this adoption does not work out, do you agree to return the dog or puppy to CAP? Yes / No

Please realize that dogs need vet care throughout their lives. Are you committed to paying for vet care for this dog/puppy? Yes / No

Dogs with good health and vet care can live anywhere from 12-16 years. Are you prepared to make this commitment to the Dog/Puppy? Yes / No

I certify the above to be true and complete to the best of my knowledge.

Signature

Date