APPLICATION A ☐ D ☐ CONTACT ID _____

A PASSION FOR PAWS
AKITA RESCUE

# DOG ADOPTION REQUEST

## WHICH PET(S) WOULD YOU LIKE TO MEET?

| DATE | PET NAME | AGE | CSR | | TECH | HOLD | NTM |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION COMPLETELY

1. NAME: _____
2. NAME OF SPOUSE/ROOMMATE(S): _____
3. NUMBER OF PEOPLE IN HOME: ADULTS _____ CHILDREN _____ AGES OF CHILDREN _____
   * Are there children under the age of 18 that live in or frequently (more than once a month) visit the home? ☐ Yes ☐ No If yes, ages? _____
4. IS ANYONE IN THE HOUSEHOLD ALLERGIC TO ANIMALS? ☐ Yes ☐ No
   If yes, who? _____ To what? _____
5. OCCUPATIONS: _____ / _____
6. COMPLETE PHYSICAL ADDRESS: _____
   _____
7. COMPLETE MAILING ADDRESS (if different): _____
   _____
8. TELEPHONE: Home _____ Work _____
   Mobile _____ *Email (required) _____
   May we email you animal story updates and tips on pet ownership? ☐ Yes ☐ No
9. TYPE OF DWELLING: ☐ House ☐ Condo ☐ Apartment ☐ Other: _____
10. DO YOU: ☐ Rent ☐ Own
11. LANDLORD'S NAME: _____ Phone _____
12. IS AN ADULT HOME DURING THE DAY? Yes No If yes, who? _____
13. HOW MANY HOURS A DAY WILL THE DOG BE LEFT ALONE?: _____
14. ARE YOU LOOKING FOR INDOOR, OUTDOOR OR INDOOR/OUTDOOR?: _____
15. WHERE WILL THE DOG BE WHEN YOU'RE NOT HOME?:
    ☐ Indoors ☐ Outdoors ☐ Garage ☐ Other: _____
16. WHERE WILL THE DOG BE WHEN YOU ARE HOME?: _____
17. WHERE WILL THE DOG SLEEP?: _____
18. WHAT OUTDOOR SPACE IS AVAILABLE TO THE DOG?:
    ☐ Fenced yard ☐ Kennel ☐ Garage ☐ Unfenced yard ☐ Other: _____

19. HEIGHT OF FENCE: _____ APPROX. AREA OF YARD _____

20. DO YOU OWN A PET NOW? ☐Yes ☐No (If yes, please list below.)

21. HAVE YOU HAD PETS IN THE PAST? ☐Yes ☐No (If yes, please list below.)

| Type of animal | Breed/Age/Gender | How long kept? | Where is the animal now? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

22. HOW MUCH TIME ARE YOU WILLING TO SPEND HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE?: _____

23. UNDER WHAT CIRCUMSTANCES WOULD YOU NOT KEEP THIS DOG?: _____

24. WHAT WOULD YOU DO IF THE DOG WAS DESTRUCTIVE? (Chewing, barking, house soiling):

25. WHAT DO YOU FEEL IS AGRESSIVE BEHAVIOR?: _____

WHAT WOULD YOU DO IF THIS OCCURED?: _____

26. HAVE YOU PREVIOUSLY ATTENDED A BASIC OBEDIENCE COURSE WITH YOUR DOG(S)?: 0 Yes O No

D Why or why not?: _____

27. DO YOU PLAN TO COMPLETE A COURSE WITH THIS DOG?: ☐Yes ☐No

D Why or why not?: _____

28. WOULD YOU OBJECT TO AN INSPECTION OF YOUR HOME? 0 Yes O No

I certify that the above is true & correct. Any false information may result in the nullification of this adoption.

SIGNATURE: _____ DATE: _____

**OFFICE USE ONLY**

ANIMAL(S) NAME/AGE:

| | | | | | |
|---|---|---|---|---|---|
| _____ | DATE ___ | IN ___ | 'TIL _____ | MED _____ | HX _____ |
| _____ | DATE _____ | IN ___ | 'TIL _____ | MED _____ | HX _____ |
| _____ | DATE _____ | IN ___ | 'TIL _____ | MED _____ | HX _____ |
| _____ | DATE _____ | IN ___ | 'TIL _____ | MED _____ | HX _____ |

LANDLORD APPROVAL: ---------- DATE: _____

NEED TO MEET: _____ DATE: _____

NEED TO MEET: _____ DATE: _____

NEED TO MEET: _____ DATE: _____

ANIMAL TO MEET: _____ DATE: _____