

DOG ADOPTION APPLICATION



Adopter name:	
Name of pet you are applying for:	
Address:	City/State/ZIP
Phone:	Email:
Date of Birth:	Driver License:
Additional adopter name:	
Address:	City/State/ZIP:
Phone:	Email:
Date of Birth:	Driver License:
PET INFORMATION	
Current Number of Pets: Dogs: Cats: Other:	
Are current pets up to date on vaccinations: Yes <input type="checkbox"/> No <input type="checkbox"/> Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current/Future Veterinarian Name:	
Address:	Phone:
For what reason are you interested in adding a new companion to the family? (Check all that apply)	
Companion for self <input type="checkbox"/> Companion for Kids <input type="checkbox"/> Companion for another pet <input type="checkbox"/> Guard Dog <input type="checkbox"/> Hunting <input type="checkbox"/> Gift for someone else <input type="checkbox"/> Service Dog <input type="checkbox"/>	
Why are you interested in this pet? Appearance <input type="checkbox"/> Personality <input type="checkbox"/> Breed <input type="checkbox"/> Age <input type="checkbox"/> Energy Level <input type="checkbox"/> Felt Sorry for Animal <input type="checkbox"/>	
Will dog be kept? Indoor <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/>	
When you are not home where will your pet kept? Crated <input type="checkbox"/> Confined to one room <input type="checkbox"/> Loose in the house <input type="checkbox"/> In the garage <input type="checkbox"/> In an outdoor kennel <input type="checkbox"/> In the yard	
How often will your new pet be left alone?	For how long?
What will a typical day be like for your new dog?	
Are there some characteristics/behaviors you cannot tolerate?	
Would you be willing to work with a trainer should these behaviors arise?	
If you currently have pets, how do you plan to introduce a new dog into your home?	
What circumstances would you consider returning a pet?	
HOUSEHOLD INFORMATION	
Do you: Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/>	
Type of Residence: (i.e. House, Apartment, etc.)	
Landlord Name: (If Applicable) *Lease agreement is required	
Phone:	Email:

Does your home have a fenced yard? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the height and type:
How long have you lived at current residence?
How many adults live in your home?
How many children live in the residence? Ages?
If you currently have children living in your home, how do you plan to introduce a new dog?
Does anyone have known allergy to pets? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
Please describe your household? Quiet <input type="checkbox"/> Average <input type="checkbox"/> Active <input type="checkbox"/> Noisy <input type="checkbox"/> Energetic <input type="checkbox"/>
Where will this pet spend most of its time?

I certify that the statements made on this application are true and accurate to the best of my knowledge. I authorize investigation of all statements made on this application.

By signing below, I _____ authorize Friends of Detroit Animal Care and Control to contact my Landlord (If Applicable) and/or my Current/Future Veterinarian.

Signature _____ Date: _____

Signature (if completing jointly) _____ Date: _____

Reviewing Board Member or representative Signature _____ Date: _____

Application has been: Approved Denied If Denied please state the reason why below:

Event Location: _____

Friends of Detroit Animal Care & Control (FoDACC) Representative Notes:

