



ADOPTION APPLICATION FOR DOGS & PUPPIES

WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION

ABOUT YOU AND YOUR FAMILY

Name		Phone (h): 770/404 /678	
Address		(w): 770/404/678	
City, State, Zip		Employer:	

YOUR HOME

Do you <input type="checkbox"/> own <input type="checkbox"/> rent?	If rent, is it <input type="checkbox"/> house <input type="checkbox"/> apartment?
How long have you lived at current address?	
Are you allowed pets? <input type="checkbox"/> yes <input type="checkbox"/> no	What is the weight limit for pets?
Have you paid your pet deposit? <input type="checkbox"/> yes <input type="checkbox"/> no (NOTE: We verify all pet deposits)	
Name and phone number of landlord/apartment complex:	
Do you have a fence? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, type/height?
How will dog be let out?	Estimate annual cost of owning a dog?
Do you travel often? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how often?

FAMILY MEMBERS

Children (ages)?	Are they experienced with pets? <input type="checkbox"/> yes <input type="checkbox"/> no
NOTE: We do not adopt animals under 12 weeks of age to children under 6 years of age	
What pets do you currently have?	
Ages:	Are they spayed/neutered? <input type="checkbox"/> yes <input type="checkbox"/> no
If none, Have you had a cat/dog before?	Where is it now?
Who is/was your veterinarian?	
Are all pets now living in your household current on all vaccinations? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever adopted an animal from a shelter/humane society before? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, from where?	
Has a dog died on your premises in past 3 months from distemper/parvo/unknown causes? <input type="checkbox"/> yes <input type="checkbox"/> no	
Is anyone in household allergic? <input type="checkbox"/> yes <input type="checkbox"/> no	Does the whole family want a new pet? <input type="checkbox"/> yes <input type="checkbox"/> no

YOUR NEW PET

Why do you want a dog? <input type="checkbox"/> gift <input type="checkbox"/> companion <input type="checkbox"/> watchdog <input type="checkbox"/> other (explain _____)	
Do you want your new dog to be: <input type="checkbox"/> indoor only <input type="checkbox"/> outdoor only <input type="checkbox"/> both?	
Where will your new dog sleep at night?	Where will your new dog be when you are not home?
Who will be responsible for daily care/feeding?	Are you willing to obedience train your new dog?
How do you feel about spaying and neutering?	
Are you financially prepared to care for a dog for 10-15 years (food, medical, etc.)? <input type="checkbox"/> yes <input type="checkbox"/> no	
Are you aware of heartworms; cause and prevention? <input type="checkbox"/> yes <input type="checkbox"/> no	
Are you aware of crate training? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you willing to use this method? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you aware of your county's leash laws? <input type="checkbox"/> yes <input type="checkbox"/> no	
Would you agree to bring any current pets to adoption day to meet your new pet? <input type="checkbox"/> yes <input type="checkbox"/> no	
Would you agree to an in-home visit by a GHS volunteer after adoption? <input type="checkbox"/> yes <input type="checkbox"/> no	

PREFERENCES

Age: <input type="checkbox"/> puppy <input type="checkbox"/> juvenile <input type="checkbox"/> adult <input type="checkbox"/> no preference	Sex: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> no preference
Breed? <input type="checkbox"/> no preference	Hair: <input type="checkbox"/> short <input type="checkbox"/> med. <input type="checkbox"/> long <input type="checkbox"/> no preference
Size? <input type="checkbox"/> small (under 25 pounds)	<input type="checkbox"/> medium (25 to 50 pounds) <input type="checkbox"/> large (over 50 pounds)

**PLEASE FILL THIS FORM OUT COMPLETELY SO THAT WE CAN HELP YOU FIND THE BEST POSSIBLE PET
FOR YOUR FAMILY.**

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