



Dog Adoption Application Form

| | | | |
|-------------|-----------------|------------|--------------------|
| Date: _____ | Pet Name: _____ | Sex: _____ | Description: _____ |
|-------------|-----------------|------------|--------------------|

Contact Information:

Full Name: _____

Address: _____ City: _____ Zip Code: _____

How long at this address? _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Employment

Employer: _____

Position: _____ How Long: _____

Business Phone Number: _____

Housing

Rent: _____ Landlord's Name: _____

Landlord's Phone Number: _____

Pets Permitted? Yes _____ No _____

Own: _____ Length of time at current residence? _____

Household Members

Number of ADULTS in household: _____

Number of CHILDREN in household: _____ Ages: _____

Are any members of your household allergic to cats? _____

Are any members of your household allergic to dogs? _____

Is everyone in agreement with this decision to adopt a dog? _____

Other Current Pets

Pet's Name _____ Species (Please circle one)

_____ Cat Dog Other

_____ Cat Dog Other

_____ Cat Dog Other

Are your current pets: _____ Yes _____ No

Up-to-Date on vaccines?

Spayed or Neutered?

On heartworm preventative?

On flea preventative?

Where will this pet spend most of its time?

___Crate ___Indoors ___Outdoors ___Garage ___Basement

Please describe how you discipline your pets and why.

By my signature below, I authorize ACVC to contact:

---My veterinarian(s) to check the care provided to previously and/or current pets, and to check the spay/neuter history;

---My landlord to ensure that I have his/her/its permission to keep pets on the premises;

---My employer to confirm employment

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

Signature: _____ Date: _____

ACVC USE ONLY

ID Check

Landlord Check

Vet Check

Comments

___ Approved

___ Denied

By _____ Date: _____

Veterinarian

Do you have a regular veterinarian? Yes _____ No _____

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing this information allows us to call your vet. Please call your vet and ask them to authorize the release the information to ACVC.)