



"It is our mission to reduce the number of homeless pets through low cost spays and neuters, community education, and adoptions." Thank you for your help and support.

## Animal Works Adoption Application (Canine)

Animal's Name \_\_\_\_\_ Approx. Age \_\_\_\_\_ Mos. / Yrs. Breed \_\_\_\_\_

### Adopter Information:

Are you at least 18 years old? Yes  No  (Age verification via photo ID or driver's license)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Residence:

1) Apartment  Dorm  Condo  Mobile Home  Multi-Family Home  Single Family Home

2) City  County

3) Ownership of Residence: Own  Rent\*  How long have you lived at this address? \_\_\_\_\_

4) \*Landlord's Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

5) May we contact your landlord to verify the landlord's pet policy? Yes  No

If No, please explain why: \_\_\_\_\_

6) Do all the residents agree to this pet adoption? Yes  No

If No, please explain why: \_\_\_\_\_

7) Do any of the residents have allergies to dogs or cats? Yes  No

8) How many children are in the home? \_\_\_\_\_ Ages: \_\_\_\_\_

### Pet Information:

1) How many other pets are living at the residence? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

2) Pet Names: \_\_\_\_\_

Are the pets spayed or neutered? Yes  No

If No, do you plan to have the pets altered? Yes  No

If No, please explain why: \_\_\_\_\_

If Yes, please list date: \_\_\_\_\_

3) If you have dogs, are they on heartworm preventative, such as Heartgard, Interceptor, Etc.? Yes  No

4) Are all of your pets on flea control, such as Frontline, Advantage, Etc.? Yes  No

5) Are all of your pets up to date on vaccinations? (Rabies, Distemper, etc.) Yes  No

*(Pet Information continued)*

- 6) Do you have a regular veterinarian? Yes  No

Name of Veterinarian / Veterinarian office: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Location: \_\_\_\_\_

- 7) When did you last visit your veterinarian? \_\_\_\_\_

- 8) What was the purpose of this visit? \_\_\_\_\_

- 9) If you do not have a vet would you like a recommendation? Yes  No

- 10) Have you ever had a pet that is no longer with you? Yes  No

If this pet died, what was the cause of death? \_\_\_\_\_

Otherwise, what happened to this pet? \_\_\_\_\_

- 11) Have you ever had a dog pass away from Heartworms? Yes  No

### **Additional Information:**

- 1) How much do you plan to budget for pet care (medical, food, etc.) each month? \_\_\_\_\_

- 2) How many hours per day are your pets left alone? \_\_\_\_\_

- 3) Where will your pets be kept while you are away? \_\_\_\_\_

- 4) How many hours per day will your dog/puppy be outside? \_\_\_\_\_

- 5) What type of outside shelter will you provide for your dog/ puppy? \_\_\_\_\_

- 6) While outside, will your dog/ puppy be in a: fence  outside pen  on a tie out/down?

- 7) If fenced, what type is it? \_\_\_\_\_ How high is it? \_\_\_\_\_

- 8) If not, how do you plan to handle bathroom duties? \_\_\_\_\_

- 9) Where will your dog or puppy sleep at night? Indoors  Outdoors  Other \_\_\_\_\_

- 10) If you move, what will you do with this pet? \_\_\_\_\_

- 11) Why do you want to adopt this dog / puppy? \_\_\_\_\_

- 12) If requested, would you allow an Animal Works representative to visit your home? Yes  No

My signature below indicates that all of the above information in this application is truthful. I understand that my signature authorizes Animal Works to check any and all references I have provided. The adoption application will be reviewed by an adoption representative and may be either approved or denied. I understand that Animal Works reserves the right to refuse an adoption to anyone for any reason.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adoption Counselor Signature: \_\_\_\_\_ Review Date: \_\_\_\_\_