

**Pet Refuge, Inc.**  
**Dog Application Form**  
 (adoptions are subject to 48 hour waiting period)



Date \_\_\_\_\_  
 Dog Name \_\_\_\_\_

Applicants Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number w/area code (\_\_\_\_\_) \_\_\_\_\_  
 Place of  
 Employment \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number w/area code (\_\_\_\_\_) \_\_\_\_\_ Do you work full time?\_\_ part time?\_\_  
 (check one)

Spouse Name \_\_\_\_\_  
 Place of  
 Employment \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number w/area code (\_\_\_\_\_) \_\_\_\_\_ Do you work full time?\_\_ part time?\_\_  
 (check one)

Do you rent or own your home? RENT OWN What Type? HOME TOWNHOUSE  
 (circle which applies) CONDO APARTMENT  
 MOBILE HOME LIVE W/RELATIVE

If you rent, Landlord name and phone number \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Are you planning on moving in the next year? YES NO

Are you considering adopting -- (circle which applies): ADULT DOG (Over 1 years)  
 ADOLESCENT (4 months to 1 year) PUPPY (2-4 months)

Where will this dog be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_  
 When left alone? \_\_\_\_\_

How many hours a day will this dog be left alone without human companionship? \_\_\_\_\_

Do you travel often? YES NO If so, how will you provide for the dog while away?  
 \_\_\_\_\_

How many people live in your home? \_\_\_\_\_ Adults? \_\_\_\_\_ Children? \_\_\_\_\_  
 Ages: \_\_\_\_\_

Will this be your children's first experience with a dog or a puppy as part of the household? YES NO

Does anyone in your household have allergies to animals? YES NO  
If yes, what type of allergy? \_\_\_\_\_

What would you do if someone in the household became allergic to the dog after you adopt it? \_\_\_\_\_

Are you familiar with crate training? YES NO  
Would you crate this dog if it was necessary? YES NO

How do you plan to contain this dog? \_\_\_\_\_ Do you have a fence? YES NO  
If yes, how high is it? \_\_\_\_\_ Type of Fence? \_\_\_\_\_  
How do you intend to train this dog? \_\_\_\_\_  
How do you plan to exercise this dog and how often? \_\_\_\_\_

Do you currently own pets? YES NO  
Breed Name/Age Sex (neutered?) Shots current? Vet Clinic Name

\_\_\_\_\_  
\_\_\_\_\_  
(use back of form for additional listings)

Last Vet Visit (month/year) \_\_\_\_\_

If you presently do not own a dog, have you owned one before (within last 7 yrs) YES NO  
What became of your dog? \_\_\_\_\_

Is this pet to be a gift? YES NO Who is the gift for? \_\_\_\_\_  
Who is responsible for the care of this pet? \_\_\_\_\_  
Are all members of your household aware of you're adopting a pet? YES NO

Have you applied for or adopted a pet from Pet Refuge or any other Shelter? YES NO  
When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever turned an animal into a Shelter? YES NO  
If yes, what were the circumstances? \_\_\_\_\_

Do you understand that all household pets need to go to the Veterinarian on a yearly basis for shots and a checkup? YES NO

Who will be responsible for the care and cost of this dog? \_\_\_\_\_

Are you prepared to incur the many expenses involved in owning a pet? (Veterinary expenses, food, toys, training, yearly license, grooming and boarding fees) YES NO  
Please list the estimated cost per year of owning a pet \_\_\_\_\_

Are you aware that some shelter animals have unknown medical backgrounds? YES NO  
Are you prepared to provide and pay for necessary treatment? YES NO

