



Pet Refuge Dog Application Form

(Adoptions are subject to 48 hour waiting period)

Date _____ Dog Name _____

Applicants Name _____ Address _____

City _____ State _____ Zip _____

Home phone number w/area code (____) _____ Cell (____) _____

Email _____

Place of Employment _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Spouse Name _____

Place of Employment _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Do you rent or own your home? (circle one) RENT OWN OTHER _____

Do you live in a HOME APARTMENT MOBILE HOME CONDO

If you rent, Landlord name _____ Phone number (____) _____

How long have you lived at this address? _____ Moving? _____

How many people live in your home? Adults _____ Children _____ Ages _____

Have your children lived with a dog? YES NO

Do you or anyone in your family have allergies to dogs/cats? YES NO

Why are you looking to adopt a dog? _____

What kind of training are you willing to provide this dog? (circle all that apply)

CRATE TRAIN OBEDIENCE POTTY TRAINING SOCIALIZING

How much time do you have to work on training, exercising, etc. with this dog?

_____ (days per week)

What kind of behaviors would you prefer NOT to tolerate? (circle all that apply)

CHEWING DIGGING MOUTHING (PLAY BITE) HOUSE-SOILING BARKING AT STRANGERS OTHER _____

Do you have a fence? YES NO If yes, how high is it? _____

What type of fence is it? _____ Invisible fence? _____

If no fence, how do you plan to exercise this dog? (circle all that apply)

LEASH WALK BOUNDARY TRAIN TIE OUT/TROLLEY OTHER

If boundary training do you have previous experience? YES NO

What are you looking for in a dog? (circle all that apply)

OBEDIENCE TRAINED JOGGING PARTNER GUARD DOG QUIET/CALM

OUTSIDE DOG PLAYFUL TRAINABLE GOOD WITH OTHER DOGS

Do you currently own pets (cats & dogs)? YES NO



Breed _____ Name/Age/Sex _____ Vet Clinic Name/phone number _____

(use back of form for additional listings)

Are you current on shots for any existing pets in the home? YES NO

Are your current dogs on heartworm preventative? YES NO

What kind of preventative? _____ (brand name)

Has your current dogs(s)/cat(s) been around other dogs? YES NO N/A

If you currently do not own a dog, how long has it been? _____

Vet name/phone number for previously owned dog(s) _____

Who is responsible in your home for the care of this dog? _____

Are you getting this dog as a companion for you/your family? YES NO

As a companion for your other dog(s)? YES NO N/A

How much time are you willing to give this dog to acclimate to your home or current pets? _____ days

_____ weeks _____ months _____ other

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? _____

Please list two personal character references (if you have owned pets, you may use your Veterinarian as one of your references)

Provide name/address/phone number

1) _____ 2) _____

In signing this form, I confirm that the above statements are true and factual.

_____ Date _____

(signature of applicant)

Pet Refuge is an all-volunteer, non-profit organization. **WE RESERVE THE RIGHT TO DETERMINE THE APPROPRIATE HOME FOR EACH DOG. In addition, we will require photo ID and a contract of adoption to be completed.*

How did you hear about us? _____

Office use only:

Interviewer initials: _____ approved _____ denied _____



Interviewer initials: _____ approved _____ denied _____

Checks completed and results: _____

VET RELEASE INFORMATION

TO: _____

(VET NAME)

I certify that I am the owner of the following pet(s) who have been or currently treated by you. Names of Dogs &/or Cats.

I hereby authorize you to release the above medical records to:

PET REFUGE, INC.
4626 S. Burnett Dr
South Bend, IN 46614
Office: 574-231-1122
Fax: 574-231-1144

_____ My Pet(s) have been surrendered to and to the attention of _____
at Pet Refuge. Please fax any records you have to the above number.

_____ Wanting to adopt from Pet Refuge who will call you for information

_____ Wanting to foster for Pet Refuge. Please fax any records to the above number to
the attention of _____

Full Name: _____

Street Address: _____

City: _____ State: _____

Home Phone: _____ Cell Phone: _____



E-mail: _____

Signature of Owner: _____

Printed first & last name: _____

Date Signed: _____

Date faxed: _____ to _____ by _____