

Date:	Name of dog desired:

Applicant Information

Name:		
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student

Co-Applicant Information

Name:		Relationship:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student

General Information

Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm	
If rental, are dogs allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there size restrictions for pets?
Complex name/address:	
Manager/Landlord and Phone # (we will need a copy of your lease or written permission on letterhead):	
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits	
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	
Where will dog live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside	
Where will the dog spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Combination of both	
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type and how high is the fence?
Will you allow the dog time to run free? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?
How many hours per day will the dog be alone?	Where will the dog stay when left alone?

Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)
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In the absence of the primary caregiver, who will care for the dog?

Are you willing to take responsibility if this pet acquires an illness/injury or tests positive for heartworms?
 Yes No

Are you willing and able to pay the veterinary costs of caring for your new pet? (We estimate about \$400 per year for food, supplies, vaccinations, etc – not including medical emergencies) Yes No

Are you willing to take the time to work with a dog on housebreaking or chewing, if such problems arise?
 Yes No

Would you consider obedience training for your new dog? Yes No

How much time are you prepared to allow for your new pet to adjust to your home?

Pet Information

Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following chart
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Name of Pet; Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past vet name of clinic:	Phone:
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Do you consider your dog a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your dog be on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No
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We will need to verify vaccine status and heartworm/flea prevention for all pets.

Personal References

# 1 Name:	Relationship:
Phone:	Best time to contact:
Comments:	
# 1 Name:	Relationship:
Phone:	Best time to contact:
Comments:	