

DOG/PUPPY ADOPTION APPLICATION

Date _____
Animal _____ # _____
Breed _____ Sex _____ Age _____

We are happy that you have come to us to adopt a dog/puppy. We hope that we can be of service to you. To help ensure that the animal you want will be best suited to you, your home and lifestyle, and that the animal will be placed in an environment compatible with its needs, we ask your cooperation in filling out the application. We hope you will agree that the animal's welfare MUST be our foremost consideration. Upon completion of this application, please fax to 404-762-4282. A staff member will discuss the adoption with you and answer any questions you might have. We ask for your patience and cooperation. Thank you.

Name _____
Driver's License _____
Name(s) of other adults in household _____
Street _____
Address _____
City _____ County _____ State _____ Zip _____

Mailing Address (if different from above) _____

Email Address _____
Home Phone _____
Work Phone _____
Place of Employment _____

Who will be responsible for this animal?

Do you live in a: (circle one) House Apartment Duplex Mobile Home
Other _____

Do you: Own Rent Live with parents, relative, or guardian ?

If renting, does your landlord/rental agency allow pets?

Landlord's Name _____

Landlord's Phone # _____

How long have you lived at your present address? _____

Do you anticipate moving within the next six months? _____

If you move sometime in the future, what will you do with your pets? _____

Do you have children at home? _____ Ages? _____

Are they used to animals? _____

Is anyone allergic to animals? _____

Do all adult members of the household know that you plan to adopt a dog? _____

Why do you want this animal? (Please circle one or more of the following)

Companion Guard Dog Companion for the Kids Watch Dog
Hunting Dog

Companion for Other Dog/Puppy For Breeding Stock Dog Gift

Other _____

Do you have other animals at home? Yes No How many? _____

If yes, please provide the following information on your animals:

Kind Animal's Name Sex Age Time

Owned

Spayed/

Neutered

Are all your pets current on their vaccinations? Yes No

What is the name your
veterinarian/clinic? _____

How many hours per day will this pet be alone? (without human
companionship) _____

Where will this dog be during the day? _____
At night? _____

Will this dog be allowed indoors? _____
Where will this dog sleep? _____

When this animal is outside, will it be:
In a fenced yard On a leash Allowed to run loose
On a trolley Chained Other _____

If the yard is fenced, will it safely confine this
animal? _____

Type of
fence _____ Height _____

What kind of outside shelter will be
provided? _____

Are you willing to enroll this dog in obedience
classes? _____

Are you aware of your local animal control
regulations? _____

Is your dog licensed? _____

Will you license this dog? _____

How many pets, other than the ones previously listed, have you owned in the last five years?

What happened to them?

Would you allow our representative to see this animal in its new home?

Yes No

Are you aware of the financial commitment and responsibilities of owning a companion animal? (Approximately \$400 a year for food, vaccinations, licensing, etc., not including emergency medical care.) Yes No

Are you willing to spend this much or more? _____

REFERENCES

One reference must be a veterinarian. Other references may include neighbors or co-workers.

FOR EACH REFERENCE PLEASE LIST THE FOLLOWING:

NAME/RELATIONSHIP/PHONE NO. (with area code)

1)

2)

3)

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from Helpstopdogfighting.com. This dog will reside in my home as a pet. I will provide it with adequate food, water, shelter, training affection and medical care. I am in full agreement with these terms of adoption. Helpstopdogfighting.com is in no way liable or responsible for any damage, accident or injury resulting from the placement of a dog in my household.

Signature_____Date_____

Helpstopdogfighting.com reserves the right to refuse any applicant!