

**ADOPTION APPLICATION DOWNWARDFACING.DOG**

We require proof of address. If your current photo ID does not have the correct address, we will require a secondary item with the correct address. If you rent your home, please ensure you are allowed to have the type of pet you are applying for. Please check into size or breed restriction before applying.

**CLIENT INFORMATION**

Name:

Date:

Physical Address:

Cell Phone:

Email:

Have you adopted rescued street dog before? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you accept responsibility for cost related to caring for your dog?

Are you ready to make a 15-year commitment to care and provide a suitable home for your pet?

How much time will the dog be alone?

Do you have a dog walker?

What is your plan on how to mentally stimulate your dog: Exercise, Discipline, Love, Daycare; playtime; agility training?

Number of adults in the house:

Is everyone comfortable with adopting a dog?

Do you have children living in the home or frequently visiting?

Age of children:

Have the children been around dogs before?

Do they like dogs:

Is anyone in the home allergic to animals?

Do you have a veterinarian? If so, name of Vet/Clinic:

Are you financially able to make a donation towards adopting a dog from this organization?

Please list any dogs that are no longer with you and explain why:

Why are you looking for a new dog?

Where will the dog sleep?

Where will the dog spend most of the time?

Outside          Inside          Inside Crate      Option In/Out

Are you familiar with crate training and are you willing to try it?

Please check any behavior issues you have dealt with before:

Resource guarding:

Food Aggression:

Leash Biting:

Fear of Strangers:

Pulling, jumping:

Separation Anxiety:

Dog aggression:

***Please check ways the dog will be outdoors***

How long will your new dog be alone at home?

Supervised in yard:

Tethered or chain:

Unattended in yard:

Walked on leash:

Guarding property:

Please list any animals you have surrendered to a shelter or animal control:

Agreement:

By signing this form, I acknowledge that all information on this form is true and correct.

In the event that it does not work out with my new dog, I agree to return the dog to this organization.

I will not have this dog returned to a shelter nor put to sleep unless the dog is seriously ill, and there is no other choice. In this event I will inform this organization.

Furthermore, I authorize ***Downwardfacing.dog*** to contact all veterinarians listed on this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_