



K9 4 KEEPS, NFP – Dog Adoption Application

Pet Name:	How did you hear of K9 4 KEEPS?
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Applicant/Co-Applicant Information

Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:
Address:		Apartment #:
City:	State:	Zip Code:
Phone:	Email:	
Do you own or rent?	How long have you lived at this address?	
Does the building you live in allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there weight restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord/Condo board member's name:		Phone:
How often do you travel?		

Family/Household Information

Number of adults in the household:	Relationships:
Have all the adults in the household agreed to this adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of children in the household:	Ages of children:
Have the children had pets before?	
Is anyone in the household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who?
Why would you like to adopt an animal from us? (Check all that apply)	
<input type="checkbox"/> Companion for self	<input type="checkbox"/> Companion for another household member
<input type="checkbox"/> Companion for child	<input type="checkbox"/> Gift
<input type="checkbox"/> Companion for another pet	<input type="checkbox"/> Watch dog
Has anyone in your household ever been convicted of a violent crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

Employment Information

Employer:	Position held:	
Address:		
City:	State:	Zip Code:
How long have you been with this employer?		Work Phone:

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them

Name	Breed	Age	Gender	Altered	Where are they?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	

Have you ever given an animal away or relinquished an animal to a shelter? Yes No
If yes, what were the circumstances

Did you adopt any of the pets listed above? If so, who and what was their age when you adopted them?

Veterinarian Information

Veterinarian's Name:

Veterinarian's Phone:

When was your current pet's last visit to a veterinarian and why?

New Pet Information

How long have you been looking for a pet?

What will you feed your new pet?

How often will you feed your new pet?

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

Are you able to afford a bill of \$300-\$500 (or more) for emergency veterinary care? Yes No

How much do you expect to spend on maintenance for your pet in a year?

Are you committed to providing a responsible home for your pet's entire life (15+ years)? Yes No

If you have to move, what do you plan to do with your pet(s)?

What would you do if your new place didn't allow pets?

Who in the household will be the dog's primary care giver?
Have they been the primary caregiver to a pet before?

Where will the dog be kept during the day?

During the night?

How many times per day do you plan to take your dog outside?

How do you plan to house train your dog?

Do you have a fenced in yard? Yes No

If yes, what size and what type?

How many hours per day will your dog be left alone?

What would you do if your dog develops a problem with:

Digging:

Barking:

Chewing:

Aggression:

References

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

By signing below, I certify that the information I have given is true. I understand that the K9 4 KEEPS, NFP reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application.

Signatures

Applicant:

Date:

Co-Applicant:

Date:

Please do not write in the space below:

Adoption interviewed by:

Date:

Application approved for:

Date

ID:

Thank you for your application, K9 4 KEEPS, NFP