



awwdoptable@gmail.com
 Awwdoptable.org
 469-431-2992

APPLICATION FOR CANINE ADOPTION

Date:	Name of dog desired (if known):	Color(s) and breed (if known):
Microchip: (internal use only)	Awwdoptable Coordinator: (internal use only)	
Age of dog desired:	Oldest dog considered:	Approx. weight as an adult dog:
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
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
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		
Co-Applicant Information		
Name:		Relationship:
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/Barn		
Do you rent or own your residence? <input type="checkbox"/> Rent <input type="checkbox"/> Own	If rental, have you confirmed that this breed of dog is allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost of pet deposit and/or monthly additional pet "rent" for this dog to live in your rental unit: \$_____ deposit and/ OR \$_____/ mo
Complex name/address:		
Manager/Landlord:		Phone number:
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	Speed limit:	
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		
Will you allow the dog to run loose? <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?

Under what circumstances would you return the dog to us? New Job Divorce New Baby Move Illness
 Other – specify

Are you willing to take responsibility if this dog acquires an illness? Yes No

Are you willing and able to pay the veterinary costs of caring for your new dog? Yes No

Do you already have a relationship with a veterinarian? Yes No

Name and address of your preferred veterinarian:

Do you consider your dog a part of the family?
 Yes No

It takes time for any pet to adjust to a new home, other pets, and family members. Some signs of stress while a dog adjusts include inappropriate potty habits, hiding, reduced appetite, growling/ barking, chewing on items or self. Awwdoptable, Inc. recommends crate training to provide structure and mitigate these behaviors.

Do you know what crate training is? Yes No

Is this something your living situation can accommodate? Yes No

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

If your dog continues to display signs of stress, are you willing to reach out to Awwdoptable, Inc. or your veterinarian for behavioral recommendations to try? Yes No

Pet Information

Have you had pets in the last five years? Yes No | If yes, complete the following chart

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: _____

Do you consider your pets as part of the family? Yes No

Are you aware that a dog is a lifelong commitment, spanning "sickness and health, good times and bad"? Yes No

How did you hear about Awwdoptable, Inc.? _____ Would you like to become a volunteer? Yes No

Personal Reference

Name: _____ Relationship: _____

Phone: _____ Best time to contact: _____

Comments: