



Dog Adoption Application

1-269-340-0330

snapofmichigan@gmail.com

Fax 1-888-355-3288

Tax ID# 32-0437762

Interested in adopting: _____ Date _____

Adopter's Information:

Name _____

Co Adopters Name _____

Address _____

City _____ State _____ Zip code _____

Home Phone: _____ Cell Phone: _____

Alternate Phone number: _____

Email Address: _____

Are you at least 18 years old? () Yes () No

Who will be the primary caregiver of the new pet? Name of person _____

3 Personal References: Someone that knows both you and your pet (only 1 relative)

- 1.
- 2.
- 3.

Is this animal intended to be a gift? () Yes () No

Number of Children in household _____ Ages _____

How many animals have you had in the last 5 years? _____

If not with you where are they? _____

Do you rent or own your home? _____

If renting we need your landlord's name and number _____

Do you know of any pet restrictions in your community or home (such as in a rental agreement)?

How many hours a day would the pet be alone? _____

Do you plan on keeping your pet () indoor () outdoor () both

Are you familiar with the local animal ordinances? () Yes () No

Have you ever contacted Animal Control/ Humane Society? Yes () No () Why? _____

Are you and your family prepared for possible chewing, clawing, scratching, etc? () Yes () No

Are there any conditions in which you would surrender your pet? For example, Allergies, cries too much, chews on things, unruly behavior, bites someone, other. Please explain.

Please list current or intended veterinarian with name, address & phone number.

How do you intend to “discipline” or correct the new pet?

What behavior do you see “unacceptable” and deem justified to return the dog to the rescue?

What is your plan for vacations/emergencies/ or your untimely demise for the care of the animal? Do you have a back up plan? _____

Are you financially prepared to provide any/all care needed for this pet to live a long & healthy life? Will you commit to this animal for a possibility “up to 20yrs” () No () Yes

Do all members of your family support the adoption of this animal? Yes () No (). If no explain why?

Please list all family members in the household. Name, Relationship, Age - use back if needed

What’s your activity level for your lifestyle?

() slow and easy () moderate activity/ daily walks () very active/on the go

Do you have a fenced in yard? If not are you willing to fence in your yard before you get the dog? Yes() No ()

If not, why? _____

If you ever need to move, what do you plan on doing with your animals? _____

Do you promise to get your animals vaccinated when they are due? Yes () No ()

Will all the family members be home when the rescue makes their “home check”? Yes () No () If No Please Explain:

******Is this your first pet? () No continue with application () Yes skip to signature**

How long have you used this veterinarian? _____

How many pets do you have now? Dogs _____ Cats _____ Other _____

What are their names/ breeds/gender/ spayed or neutered/personalities? Use back if necessary

Do you currently have any pets with major health problems or behavioral issues ? _____

Are your current animals “up to date” with their vaccines? If not, please explain why? _____

Are your current animals spayed/neutered? When /where? If not please explain why not? _____

Is your current dog/dogs on heartworm prevention () Yes () NO

What kind, brand? _____

Have you ever experienced a pet dying? If yes dog/cat? where/when? Date & Cause? _____

Have you ever surrendered a pet before? Yes () No () Why & When? _____

Have any of your pets ever run away? Yes () No () If yes, what did you do? _____

Signature _____

Co Applicant _____

Please call your vet and let them know we will be contacting them.