

# Adoption Application



## CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a current or former WagsInn customer? Yes \_\_\_\_\_ No \_\_\_\_\_

## HOUSING

Do you live in a house, condo, apartment, or townhouse? \_\_\_\_\_

Do you rent or own? \_\_\_\_\_

If you rent, please provide name and contact information of landlord: \_\_\_\_\_

\_\_\_\_\_

Do you have permission from your landlord to adopt a dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware of a pet deposit and month fees if required? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you been at this location? \_\_\_\_\_

Any plans to move in the next few years? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a yard? If yes, how big is your yard? \_\_\_\_\_

If you don't have a yard, where would the dog would go to the bathroom and get exercise?

\_\_\_\_\_

Do you have a fenced in yard or invisible fence? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your dogs supervised while in the yard? Yes \_\_\_\_\_ No \_\_\_\_\_

What would you do if you moved to a residence where dogs are not permitted? \_\_\_\_\_

\_\_\_\_\_

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## ABOUT YOUR FAMILY

How many adults live in your home?

\_\_\_\_\_

How many children live in your home?

\_\_\_\_\_

What are the ages of the children?

\_\_\_\_\_

\_\_\_\_\_

Are the children comfortable with dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you, your partner, spouse, or roommate have a job? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your work hours? \_\_\_\_\_

If gone more than 8 hours would you consider daycare or a dog walker? Yes \_\_\_\_\_ No \_\_\_\_\_

How much time during the day will the dog be left alone?

\_\_\_\_\_

When you're not home, where will the dog be kept (crate, kennel, garage)? \_\_\_\_\_

\_\_\_\_\_

Do you have other other pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Please list their names, ages, and a description of each pet: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who would be the primary caretaker of the dog? \_\_\_\_\_

\_\_\_\_\_

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How often do you travel and who would take care of your dog?

*(If you rescue a dog from WagsInn you will receive a 10% boarding discount for the rest of your dog's life.)*

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## LIFESTYLE

Describe your household – quiet, calm, noisy, active, on the go, travel frequently, etc.?

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What type of activities do you like to do?

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How do you see a dog fitting into your lifestyle? \_\_\_\_\_

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Are you looking for an indoor or outdoor dog? \_\_\_\_\_

Do you like to run with your dog? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

Do you like to take your dog on leash walks? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

I want my dog to be: *(check all that apply)*

- Playful \_\_\_\_\_
- Active \_\_\_\_\_
- Laid back \_\_\_\_\_
- Couch potato \_\_\_\_\_
- Quiet \_\_\_\_\_
- Kid friendly \_\_\_\_\_
- Dog friendly \_\_\_\_\_
- Other \_\_\_\_\_

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What would you do if your dog or puppy had an "accident" in the house? \_\_\_\_\_

What discipline would you use if your dog chews up any of your favorite things? \_\_\_\_\_

Would you be willing to put in the time to fix any behavior issue? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to commit to a trainer if the need arises? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Has your pet ever run away? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what were the circumstances and outcome? \_\_\_\_\_

Under what circumstances would you or have you given up a dog? Please explain: \_\_\_\_\_

- Dog barks too much  Big vet bills  Divorce/separation  Dog nips at strangers  develops an illness  Having or had a baby  Dog is not the kind of dog I thought it would be  Dog bites kids  Can't train  Dog loses control of bowel or bladder  Moving  Allergies  Other  N/A

## REFERENCES

Please provide names and contact information of two people we may obtain a reference from. They may be a neighbor, WagsInn client or staff member, co-worker, friend, family member, or acquaintance.

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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## VETERINARY INFORMATION

Veterinary practice name: \_\_\_\_\_

Name of vet: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## AGREEMENT FOR POTENTIAL ADOPTION

I am prepared to make a 10 to 15 year commitment to my dog.

I agree to take my dog to the vet for regular wellness visits, vaccinations, and treatment.

I am financially prepared to provide care for my dog for his/her lifetime. This can include food, veterinary care, preventative treatment, emergency care, training, boarding, and daycare.

I will not chain or tie-up my dog and leave it alone outside for extended periods of time. My dog will be an important member of my family.

I agree if there are any behavioral issues I will take the steps and time to correct the behavior?

I agree if at any time I cannot keep my dog I will contact WagsInn Canine Charities.

## SIGN

I have carefully read and answered each question to the best of my ability. I understand by filling out this application it does not guarantee that I will be chosen as the adoptee.

Print name: \_\_\_\_\_

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

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

*Disclaimer: WagsInn Canine Charities reserves the right to accept or deny any person(s) interested in adoption. The final decision on all adoptions is up to WagsInn Canine Charities.*