

COMPANION CANINES ADOPTION APPLICATION

Considering that our rescues have already had a less than ideal life, we ask the following questions to help us better understand our applicants and the reason they want a rescue pet. This questionnaire is intended to be a guide to consider all the ways a pet will impact your life and also to determine if you are a suitable match for one of our rescued dogs. All of the questions concern various aspects of pet ownership that should be given serious consideration before deciding to share your life with any animal. The information you provide on this application will help us to find the most suitable pet for your family. Please complete every question. **It is not our intention to invade your privacy, only to insure the best possible match between our applicants and our rescue dogs.**

Your Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Spouse E-mail: \_\_\_\_\_

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

Spouse Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Household Information:**

1. Do you live in a:  House  Apartment  Condo  Mobile Home

2. Do you:  Own  Rent  Live with parents

3. If you rent, are pets allowed?  Yes  No

Landlords name and phone: \_\_\_\_\_

4. Length of time at current residence:  1-3 years  3-5 years  5+years

If less than one year, previous address: \_\_\_\_\_

5. Do you have a fenced yard?  Yes  No

If no, what arrangements do you plan to make for exercise and toilet duties: \_\_\_\_\_

\_\_\_\_\_

If yes, fence is:  Chain link  Privacy  Picket  Wrought Iron  Post/Wire

Other, please describe \_\_\_\_\_

6. Number of adults in home: \_\_\_\_\_

7. Number of children in home: \_\_\_\_\_ Ages of children: \_\_\_\_\_

8. Have allergies to animals been a problem to any household member?  Yes  No

9. Are all family members aware that you are considering adopting a pet?  Yes  No

Do they all approve?  Yes  No

10. On a typical day in your home, pet will be alone?  10+ hours  8-10 hours  
 4-7 hours  Less than 4 hours  Never, someone is always home
11. Your home is usually:  Quiet and calm  Moderate-some activities and visitors  
 Busy-people coming and going all the time
12. What do you expect your monthly expenses to be for your new pet?  \$25 or less  
 \$25-\$50  \$50-\$100  \$100-\$200  Over \$200

**Pet Information:**

1. Would you prefer a dog that is:  Very active-run/hike/bike/other activities with you  
 Moderately active-some hiking or daily moderate walks  Less active-some walks  
 Couch Potato-spend most time indoors relaxing with you

2. Would you prefer  Male  Female  No Preference

3. Is there a particular Companion Canines pet you are interested in?  Yes  No

If yes, name of pet: \_\_\_\_\_

4. Who will be the primary caretaker for your new pet: \_\_\_\_\_

5. Where will the pet be during the day?  Inside  Outside  Other, Please explain:  
 \_\_\_\_\_

6. Where will pet sleep at night? \_\_\_\_\_

7. If necessary, would you do some training or attend obedience classes with your pet to correct behavioral issues or improve manners?  Yes  No

8. Under what circumstances might you want to return your pet? (Examples: Marriage, new baby, divorce, behavior issues, financial stress, moving, job change, etc.) \_\_\_\_\_  
 \_\_\_\_\_

9. How long will you give your new pet to adjust to its new surroundings?  Week  Month

Other \_\_\_\_\_

**Pet History:**

1. Do you have other pets?  Yes  No Total number of animals: \_\_\_\_\_

If yes, please complete the following: Are pets spayed/neutered?  Yes  No

On Heartworm prevention?  Yes  No Current on vaccinations?  Yes  No

Animal 1 Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_

Animal 2 Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_

Animal 3 Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_

Veterinarian Name and Telephone Number: \_\_\_\_\_

2. Have you had other pets in the last five years? Yes No

If yes, what happened to them? \_\_\_\_\_

3. Have you ever given up a pet for adoption or surrendered to animal control? Yes No

If yes, please explain the circumstances: \_\_\_\_\_

4. Have you ever had a pet lost or stolen? Yes No If yes, please explain: \_\_\_\_\_

5. If your pet were lost, what methods would you use to locate them? \_\_\_\_\_

**References:**

Please list three personal references (excluding family members) and include name, phone number and e-mail address (preferred contact method).

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

By signing below, Applicant certifies that the above information is true and understands that, prior to being approved for adoption, this information will be verified. Applicant certifies that he/she is financially and physically able to care for the animal. The adopted pet will be spayed/neutered, current on vaccinations and on heartworm preventive medication if applicable, prior to placement. Approved adoptions require a signed Adoption Contract and an adoption fee to Companion Canines upon taking possession of the Pet. This is printed on our copy of the application and by signing and sending this (electronically) you agree that you UNDERSTAND and FULLY AGREE to the terms of this document.

Companion Canines reserves the right to decline any application.

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