DOG ADOPTION APPLICATION

Today's Date : _____

Dog's Name: _____ Dog's Kennel: _____

PLEASE FILL OUT THE FOLLOWING APPLICATION IN ITS ENTIRETY. NOTE: WE DO NOT GIVE REFUNDS ON ADOPTION FEES. _____ (Please Initial here)

Name: _____
Address: _____ City _____ State _____ Zip _____
County: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____
E-Mail Address (Please write clearly): _____

Place Of Employment: _____
Do you live in a: House _____ Apartment _____ Trailer _____ Town Home _____
Do you: Own _____ Rent _____

If you rent what is your landlord's name and phone number? _____

Are you In the process of moving, or anticipate moving in the next few months? Yes _____ No _____

Do you live with your parents? _____ Are you 18 years of age or older? _____

How did you hear about us? ___Newspaper ___ Facebook ___ Twitter ___ Friend/Family Member___ Petfinder.com _____ Offsite location (Pet Supplies Plus) [please specify location] _____Other _____

Why are you choosing to adopt from the Erie County Dog Pound: _____
Are there any other places have you visited when looking for a pet? Pet Store _____ Newspaper _____ Other shelter (s)_____- please specify where _____

ADOPTION INFORMATION

What is your past and/or current experience with dogs? _____
1ST time owner _____ Have had 1 or 2 dogs as an adult _____ Have had more than 3 dogs as an adult _____
Had a dog as a child _____ Experienced in resolving behavior issues _____ Frequently care for friends' dog(s) _____

What kind of characteristics are you looking for in a dog/puppy? Why are you adopting an animal? _____
_____

Have you adopted from the E.C.D.P before? _____ If yes, where is the pet now? _____
What activities do you want to do with your dog/puppy? _____
Who will care for this dog primarily (feeding, playtime, walks, vet visits)? _____

Have you ever surrendered or given away any pet to an animal welfare group, private rescue or individual person? _____
If so, please explain the circumstance:
_____
_____

FLIP OVER ⇧

What are some reasons you would relinquish this dog back to the E.C.D.P, e.g. human aggression, animal aggression, housetraining problems, excessive chewing, separation anxiety, moving, having a baby, cannot afford any longer, etc.?

_____

_____

_____

PREVIOUS AND CURRENT PET INFORMATION

Have you ever had a pet: Run away ____ Get hit by a car ____ Die in your care? _____ Kept as an outdoor pet? _____
If so, please explain: _____
Have you ever: Given/sold an animal to a family member _____ Given/sold an animal to other person _____ Given an animal to a rescue or other animal welfare society (please list the organization(s))? _____
If so, why? _____

What pets do you currently have or have had in the past THREE years in your household?

_____

_____

_____

Are your pets current on vaccinations (received within the last year)? _____ Were previous pets taken to the vet annually? _____
Are your pets spayed/neutered? _____ Were previous pets spayed/neutered? _____ If no, Please explain why? _____

_____

Who is your veterinarian? _____
Please provide their address and phone number: _____
Would the records be under another name other than the one provided on the front of this application? _____
If so, please provide the full name: _____
Do you have other veterinarians that may have records for your current or past pets? _____ If so, please provide their name, address and contact information:

_____

_____

_____

HOUSEHOLD INFORMATION

Please list the names and ages of all people living in the home and their relationship to you (Spouse/Partner/Roommate/Daughter)? *Failure to fully disclose this information will result in immediate adoption denial.*

Name and Age: _____ Relationship: _____
Name and Age: _____ Relationship: _____
Name and Age: _____ Relationship: _____
Name and Age: _____ Relationship: _____
Name and Age: _____ Relationship: _____
Name and Age: _____ Relationship: _____

Do children (not in the immediate family) ever visit your home?_____ If so, how often: _____
Age(s) of the children: _____

Does anyone in the household have allergies to any kind of animals?_____ If YES, have they consulted with their doctor about getting an animal? _____ If YES, are they taking medication?_____

Are you In the process of moving, or anticipate moving in the next few months? Yes _____ No_____

If you ever move, have you considered that another place may not allow pets? What will you do if this happens?

_____

How would you describe your household? Active____ Noisy____ Quiet____ Average____

Do you have a fenced in yard? _____ If yes, describe the area and the fence: _____

NEW PET INFORMATION

Please understand that it may take a new dog 2 weeks or more to adjust to a new home and/or to other pets and visitors.

Where will you keep this dog? *(Check ALL that apply)* Free run of house _____ Crate in house _____ Inside Dog _____
Outside Dog _____ Inside/Outside dog _____ In Garage _____ Yard with a fence _____ Basement _____
Other (Please explain)_____
Where will the dog be kept during the day?_____At night? _____
How many hours will it spend alone?_____
Where will it be kept when its alone?_____
Would you consider using a crate to confine your new dog? _____ How long will the dog possibly be crated daily? _____
Why do you want a dog? *(Check ALL that apply)* House Pet_____ Guard Dog_____ Breeding_____ Companionship_____
Travel Companion_____ Gift for friend or relative _____ Other (Please explain) _____

I certify that I have read this questionnaire and that all information I have given is true and accurate, and that I understand that any falsification may result in the nullification of an adoption.

_____ _____ _____

Signature Printed Name Date

PLEASE REMEMBER: We receive NO COUNTY, STATE OR FEDERAL FUNDING. We operate solely on DONATIONS, LICENSES and ADOPTION INCOME!

Note: You must be present at shelter to be approved for adoption! We do not accept applications by e-mail or fax.

The Erie County Dog Pound reserves the right to deny any adoption.

NOTES *(for staff use only):*

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