

# DOG ADOPTION APPLICATION

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## PLEASE READ THIS FIRST

Please fill this form out completely. INCOMPLETE APPLICATIONS CAN NOT BE CONSIDERED. Our goal is to match the right dog into the right home so that everyone is happy. Completing and submitting this application in no way guarantees that a dog will be placed with you. Due to the number of applications received, we ask that you be patient while your application is being reviewed. Please feel free to call or email if you have any questions about the status of your application.

Name  Today's Date

Address

City  State  Zip Code

Home Phone  Work Phone

Cell Phone  Fax Number

Email

Have you ever adopted from a rescue before?  Yes  No If "yes" name of Rescue Group \_\_\_\_\_

1. Who shares your household?  Spouse  Significant Other  Room Mate  Live Alone  Children

Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_ Is this the child(rens) first pet?  Yes  No

2. What experience do the kids have caring for dog? \_\_\_\_\_

3. Do you live in a:  House  Apartment  Condo  Townhouse  Mobile Home  Other

4. Is anyone in your household allergic to dogs/animals?  Yes  No  Slight allergies to some.

5. Do you have other pets?  Yes  No

6. If yes, what type of pets, ages and how long have they been part of your family ?

7. What gender, size, age and breed dog are you looking for?  Male  Female Breed \_\_\_\_\_  
**Size**  Small  Medium  Large **Age**  Young  Mature  No Preference
8. What type of dog are you looking for?  Primarily a house dog  Primarily an outside dog  Out all day, inside at night  
 In and out at their leisure Other (explain) \_\_\_\_\_
9. Do you have a doggie door?  Yes  No If no, would you consider installing a doggie door?  Yes  No
10. Is the dog allowed on the furniture?  Yes  No  Only on some of the furniture.
11. Where would the dog sleep at night as a puppy?  Patio  Dog House  Dog Run  Garage  
 Anywhere Outside  Bedroom  Kitchen  Laundry Room  Anywhere Inside  Crate
11. Where would the dog sleep at night as an adult?  Patio  Dog House  Dog Run  Garage  
 Anywhere Outside  Bedroom  Kitchen  Laundry Room  Anywhere Inside  Crate
12. If you have/had a dog where do/did they sleep at night? Please indicate the specific room or area in or out of the house.
13. Do you plan on using crating the dog at any time?  Yes  No If yes, when? \_\_\_\_\_
14. Is anyone home during the weekday?  Almost all of the time  Part of the time  Only in the evenings
15. How many hours is the dog typically alone on a normal weekday? \_\_\_\_\_
16. When you are home will the dog have:  Full run of the house  Access to parts of the house  Mostly Outside
17. When you are NOT home will the dog be kept:  Outside only  In a Crate  Part of the house with outside access  
 Full run of house with outside access  Inside with full run of house  Inside with partial run of house Other \_\_\_\_\_
18. If you live in an apartment, will you agree to walk the dog only on a leash?  Yes  No
19. Is your yard securely fenced?  Yes  No Height of fence? \_\_\_\_\_ Type of fencing? \_\_\_\_\_
20. Do you have a pool?  Yes  No Is there a fence around the pool?  Yes  No
21. What type of exercise do you plan on doing with your dog and how often? \_\_\_\_\_
22. Do you have a dog run area?  Yes  No Where is the run located? \_\_\_\_\_  
If yes, is the dog:  Limited to run area  Run is always open  Sometimes limited to run area
23. Have you ever had a dog before?  Yes  No What happened to your previous dog(s)? \_\_\_\_\_
24. Do you have any dogs now?  Yes  No If yes, how many and what type? \_\_\_\_\_
25. Are all your pets spayed/neutered?  Yes  No If no, why not? \_\_\_\_\_
26. What type of dog food have you fed in the past? \_\_\_\_\_
27. Where will your pet stay when you go on vacation? \_\_\_\_\_
28. Under what circumstances would you give up a dog?  Moving  New Baby  Divorce  Destructive  
 Barks too much  House training problems  Nips/bites  Large vet bills  Old age  Health issues  
 Unable to train  Too energetic/rambunctious  I would never give up my dog Other: \_\_\_\_\_
29. Do you have a local vet?  Yes  No Can we contact your vet for a reference?  Yes  No  
Vet/Clinic Name: \_\_\_\_\_ Vet/Clinic Phone: \_\_\_\_\_  
Vet/Clinic Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
30. Will you allow a rescue volunteer to visit your home?  Yes  No
31. Will you be able to take your dog through a basic obedience course?  Yes  No

Please list two personal references, preferably living on your street:

Reference 1

Name

Address

City  State  Zip Code

Phone

Reference 2

Name

Address

City  State  Zip Code

Phone

I certify that all statements made by me on this adoption application are true and correct. I agree that Big paws 4 a Cause and/or Lifeline 4 Paws has the right to confiscate a dog placed with me in the event any statements made by me are found to be false.

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

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

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

**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Type of Dog: \_\_\_\_\_ ID#: \_\_\_\_\_

Date Released \_\_\_\_\_ Received By: \_\_\_\_\_

Follow Up Date: \_\_\_\_\_ Follow Up By: \_\_\_\_\_

Additional Comments