Reset Form

ADOPTION APPLICATION

Date:

Which dog from our program are you most interested in adopting?

General Information of Adopters:		
First Name:		Last Name:
Address:		
City:	State:	Zip Code:
Cell Phone #:		Email:
Occupation:		Typical Hours:
Do you use Facebook/Instagram?		Yes, @

First Name:		Last Name:
Address:		
City:	State:	Zip Code:
Cell Phone #:		Email:
Occupation:		Typical Hours:
Do you use Facebook/Instagram		Yes, @

General Information of Household:

List family members that live in your household - (include name, age, relationship)

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

List pets that currently live in your household - (include name, breed, age, sex & altered/unaltered)

_____ _____ _____ ◯ Female ◯ Male Spayed/Neutered/Unaltered

_____ _____ _____ ◯ Female ◯ Male Spayed/Neutered/Unaltered

_____ _____ _____ ◯ Female ◯ Male Spayed/Neutered/Unaltered

How did you find out about our rescue?

If you have children, have they lived with dog(s) before?

If Yes, how did they do together?

Is anyone in your household allergic to any animals?

Is everyone in your household on board with adding a new dog to your family?

Copyright 2022

Please list two references and their relationship to you:	
First Name:	Last Name:
Cell Phone #:	Email:
First Name:	Last Name:
Cell Phone #:	Email:

Property Information:			
What type of property do you live at currently	◯ Apartment	◯ Single House	◯ Duplex ◯ Multiple Homes
What size is your yard?	Is it fenced?	If Yes, what is the fence style & height?	
Are there any community restrictions on dogs (if so, please explain)?			
Do you own or rent?	If you rent do you have permission from your landlord to have a dog?		

Landlord Contact Information:

First Name:	Last Name:
Cell Phone #:	Email:

Animal Care Plan:
Do you understand the costs, challenges and care requirements for an animal that may live up to 20 years?
Why do you want to add a dog to your family?
Where will your dog spend his/her days?
How will you exercise your dog?
What type of food do you plan to feed your dog?

Veterinary Information:		
Company Name:	Veterinarian:	
City:	State:	Zip Code:
Cell Phone #:	Email:	

Is there any additional comments or history you would like to share with us?
_____
_____
_____
_____

Home Visit:
By signing below you allow a representative of Active K9 to visit your home by appointment as part of our application process.

Application Information:
All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will inform Active K9 promptly.

Adopter's Signature: _____ Application Date: _____

Active K9 Representative Signature: _____ Review Date: _____

Copyright 2022