

TREASURED FRIENDS
DOG ADOPTION APPLICATION
P.O. BOX 9234 – HIGHLAND, IN 46322



Foster's Name: _____

Foster's Phone: _____

Dog's Name: _____

Description: [M] [F] _____

Applicant Name: _____

Name of spouse or roommate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Drivers License #: _____

Number of people in home: Adults: _____ Children: _____

Ages of children: _____

Occupations: _____

Type of Dwelling [] House [] Apt [] Condo [] Other (specify): _____

Do you [] Rent [] Own your home?

Landlords Name: _____ Phone: _____

Veterinarian's/Clinic Name: _____ Phone: _____

Name(s) of animals taken there? _____

Do you agree to spay or neuter? [] Yes [] No

Is this dog a gift? [] Yes [] No

Are you looking for [] Indoor [] Outdoor [] Indoor/outdoor dog?

Does your home have a yard? [] Yes [] No Approx area of Yard: _____

Does your yard have a Fence? [] Yes [] No Height of Fence: _____

Where would your dog be kept during the day? _____

Where would your dog be kept during the night? _____

How many hours a day would be dog be left alone? _____

Is an adult home during the day? _____

Primary reason for adopting this dog: _____

Is anyone in the household allergic to animals? _____

What type of dog are you looking for? _____

What attracted you to this dog? _____

Do you own a pet now? Number of Cats: _____ Number of dogs: _____

How many are spayed or neutered? _____

Have you had pets in the past? [] Yes [] No

Type of pet How Obtained How long kept What happened to the pet?

Animals are as individual as people. Are you willing to spend the time and effort helping this dog adjust to your home and lifestyle? [] Yes [] No

How much time? _____

Under what circumstances would you not keep this dog? _____

If the dog became destructive, what would you do? _____

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Would you object to an inspection of your premises by our staff? _____

I certify that the above is true and correct. Any false information may result in the nullification of this adoption.

SIGNATURE _____ **DATE** _____

We reserve the right to refuse any application. All applications must be 18 years of age or older.

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Do not write in this section – For staff use only
