

DOG ADOPTION APPLICATION

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? \_\_\_\_\_

1<sup>ST</sup> 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: \_\_\_\_\_

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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_