

SARGE'S

ANIMAL RESCUE FOUNDATION

Applicant Information

Dog Adoption Application

Pet's Name: _____

First Name: _____ Last Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell phone: _____ Work phone: _____ Home Phone: _____

Are you 18 years old or older? Yes No

Do you live in a Home Townhome Apartment Do you Rent Own

If you rent do you have permission from your landlord to own a pet? Yes No

Landlord's name: _____ Landlord's phone number: _____

How long have you lived at this address? _____ Do you have plans to move? _____

Family/Household Information

Are there children in the household? Yes No What are their ages: _____

Is anyone in the household allergic to dogs? Yes No

Do you expect your current family situation to change? Yes No

Are all family members in agreement about this adoption? Yes No

Why are you considering adopting a dog? Companion for self Companion for child

Companion for another household member Watchdog Gift Other _____

It's most important to me that my dog _____

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them.

Name	Breed	Age	Gender	Spay/Neutered?	If still alive, where are they?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Have you ever given a pet away or taken a pet to the shelter? Yes No

If yes, what were the circumstances? _____

Veterinarian Information

Your veterinarian's name: _____ Phone number: _____

When was your current pet's last visit to a veterinarian and why? _____

May we contact your vet as a reference? Yes No

New Pet Information

What dog food are you considering feeding your dog? _____ How often will you feed it? _____

Are you willing to spend \$200-\$500 for emergency veterinary care? Yes No

If you move, what do you plan to do with your pet(s)? _____

Who in the household will be the primary care giver? _____

Where will your dog be during the day? _____ At night? _____

How many hours each day will the dog be unattended? _____

Do you have a fenced yard? Yes No If yes, how high? _____

If no, how do you plan to contain your dog? _____

Do you own a pickup? Yes No If yes where will the dog ride? _____

If in the back how will your dog be restrained? _____

Do you or your neighbors own livestock, farm or exotic animals? Yes No

If this dog is not housebroken, how are you going to train your new dog? _____

If behavior problems do present themselves, will you be committed to working with the animal

to correct the problems? Yes No

What reasons would make you consider returning your adopted dog? _____

How did you first hear about this dog? Adoption day Sarge website PetFinder.com

Facebook Newspaper Other _____

Comments: _____

By signing below I certify that the information I have given is true. I understand that Sarge's reserves the right to deny my application for any reason. I further authorize the confirmation of all statements in this application.

Signed: _____

Date: _____