

PROVIDENCE
ANIMAL CENTER
DOG ADOPTION APPLICATION

Date & Time _____ Dog's Name _____ ID # _____

Adopter's Information

Name _____ Driver's License/State ID # _____

Address _____ City _____

State _____ Zip _____ Township _____ County _____

Phone (home) _____ (cell) _____

Place of employment _____ (work #) _____

Do you live in a: House Apartment Trailer Townhome

Do you: Own Rent If you rent, what is your landlord's name and phone number?

Do you live with your parents? Yes No Are you 18 years of age or older? Yes No

Why are you choosing to adopt from Providence Animal Center? _____

Adoption Information

What is your past and/or current experience with dogs? _____

Had a dog as a child Have had 1 or 2 dogs as an adult Have had more than 3 dogs as an adult

Experienced in resolving behavior issues Frequently care for friends' dog(s) First-time owner

What characteristics are you looking for in a dog/puppy? _____

Why are you adopting an animal? _____

Have you adopted from Providence Animal Center before? Yes No

If yes, where is the pet now? _____

Who will primarily care for this dog (feeding, playtime, vet visits)? _____

What activities do you want to do with your dog/puppy?



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What are some reasons you would relinquish this dog back to Providence Animal Center? (e.g., human aggression, animal aggression, house training problems, excessive chewing, separation anxiety, moving, having a baby, cannot afford any longer, etc.)

Previous & Current Pet Information

Have you ever had a pet:

	Yes	No
Run away?	<input type="radio"/>	<input type="radio"/>
Get hit by a car?	<input type="radio"/>	<input type="radio"/>
Die in your care?	<input type="radio"/>	<input type="radio"/>
Kept as an outdoor pet?	<input type="radio"/>	<input type="radio"/>

If so, please explain:

Have you ever:

Given/sold an animal to a family member?

Yes No

Given/sold an animal to other person?

Yes No

Given an animal to a rescue or other animal welfare society (please list the organization(s))? Yes No

If yes to any question above, please explain:

What pets do you currently have or have had in the past three years in your household?

	Name	Age	Breed	Sex		
<input type="radio"/> Dog <input type="radio"/> Cat	_____	_____	_____	M/F	<input type="radio"/> Current	<input type="radio"/> Deceased
<input type="radio"/> Dog <input type="radio"/> Cat	_____	_____	_____	M/F	<input type="radio"/> Current	<input type="radio"/> Deceased
<input type="radio"/> Dog <input type="radio"/> Cat	_____	_____	_____	M/F	<input type="radio"/> Current	<input type="radio"/> Deceased
<input type="radio"/> Dog <input type="radio"/> Cat	_____	_____	_____	M/F	<input type="radio"/> Current	<input type="radio"/> Deceased

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? _____ Phone number _____

What name are the vet records under? _____

If you have other veterinarians that may have records for your current or past pets, please provide their name and phone number:

Household Information

Please list the names and ages of all people living in the home and their relationship to you (e.g., spouse/partner, roommate, daughter):

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Do children (not in the immediate family) ever visit your home? _____ If so, how often? _____

Age(s) of the children: _____ Are you willing and able to manage interactions in your home between your new pet and any children? _____

Does anyone in the household have allergies to any kind of animals? Yes No

If YES, have they consulted with a doctor about getting an animal? Yes No

If YES, are they taking medication? Yes No

Are you in the process of moving or anticipate moving within the next few months? Yes No

If you ever move, have you considered that another place may not allow pets? Yes No

What will you do if this happens? _____

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? (Please check ALL that apply) Free run of house In garage

Crate in house Inside Outside Inside/outside dog Yard with a fence

Basement Other _____
(explain)

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

How many hours will the dog spend alone? _____ Where will the dog be kept when alone? _____

Would you consider using a crate to confine your new dog? _____

Why do you want a dog? (Please check ALL that apply) House pet Gift for friend or relative

Companionship Guard dog 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

Name

Date

For Adoption Staff Only

Adoption counselor _____

ID _____ DNA _____ Homeownership/landlord approval _____

Vet check _____ Read all Providence records _____ Read all previous history _____

Printed all health records _____ Email _____ Med check _____

Printed behavior records for Canine Care Associate _____ Dog License _____

Areas of emphasis that were counseled for this dog:

Canine Care Associate _____

Family verification _____ Behavior Eval _____ Reviewed behavior notes _____

Meet & Greet _____ Behavior waiver _____ Crating _____

Pet's activity level/exercise needs _____ Indoor/outdoor concerns _____

Medical conditions _____ Microchip _____ Other: _____

Adopter's email address: _____

Emergency contact info: _____

Notes: