Lost Dog Search & Rescue

Dog Adoption Application Form
when completed call 732-240-4181 or
E-Mail Debbie@LostDogSearchandRescue.org

Contact Information:

Full name: ______________________________________________________________

Occupation: ______________________________________________________________

Address: ________________________________________________________________

How long at this address: _________________________________________________

Daytime Phone: ___________________________________________________________

Evening Phone: _____________________________________________________________

Cell Phone: _______________________________________________________________

Best time to call: ___________________________________________________________

Email address: _____________________________________________________________

Family & Housing

How many adults are there in your family (their relationship to you)? _______________

_________________________________________________________________________

How many children (ages)? __________________________________________________

What type of home do you live in single family, town home, apartment, farm, etc.? 

Please describe your household: __ Active __ Noisy __ Quiet __ Average

If you rent, please give the rules governing pets and the landlord’s name and number:

Rules _____________________________________________________________________

Landlords Name ___________________________________________________________

Landlords Phone Number ___________________________________________________

(by providing this information you are allowing Us to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _______________________

Is everyone in agreement with the decision to adopt a dog? ______________________

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Other Pets

What other pets do you have (specify type and number)? __________________________
_________________________________________________________________________

Are these pets up to date on vaccines? ________________________________

Are these pets spayed/neutered? If not..why?_____________________________
________________________________________________________________________

Have you every surrendered a pet? If so, why? ____________________________
________________________________________________________________________

Have you ever had a pet euthanized? If so, why? ____________________________
________________________________________________________________________

Have you ever lost a pet to an accident? _________________________________
________________________________________________________________________

How do you discipline your pets and why? _________________________________
________________________________________________________________________

Veterinarian

Do you have a regular veterinarian? ___ Yes ___ No

Veterinarian’s name: ________________________________________________

Clinic Name: _______________________________________________________

Clinic Address: ______________________________________________________

Clinic Phone: _______________________________________________________

(Providing I Lost My Dog Search & Rescue with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to I Lost My Dog Search & Rescue.)
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About the Dog You Wish to Adopt

What is your idea of an ideal dog and why?

Desired age: __________ Desired Size: _____________________________________

Desired breed: _____________________________________________________________

Breed you would not adopt: ________________________________________________

Desired sex: __ Spayed Female  __ Neutered Male  __ No preference

Willing to adopt: __ outgoing/hyper dog __ shy dog
                  __ dog that needs regular medication __ dog that needs training
                  __ dog that needs grooming __ None of these

Where will the dog spend the day? (describe)
_________________________________________________________________________
_________________________________________________________________________

Where will the dog spend the night? (describe)
_________________________________________________________________________
_________________________________________________________________________

Number of hours (average) dog will spend alone? __________________________

Who will have primary responsibility for this dog's daily care? ______________

Who will have financial responsibility for this dog? _________________________

Do you agree to provide regular health care by a Licensed Veterinarian? __ Yes  __ No

Do you agree to keep the dog as an indoor dog? __ Yes  __ No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact I Lost My Dog Search & Rescue if you can no longer keep this dog?
__ Yes  __ No

Are you be willing to let a representative of I Lost My Dog Search & Rescue visit your home by appointment?
__ Yes  __ No
**Personal References:**
Please list someone who is familiar with both you and your pets.

Name: ________________________________________________________
Address: ________________________________________________________
Phone: _________________________________
Relationship (relative, neighbor, friend, etc.): _________________________
________________________________________________________________________

Name: ____________________________________________________________
Address: ___________________________________________________________
Phone: _________________________________
Relationship (relative, neighbor, friend, etc.): ______________________________
________________________________________________________________________

Name: ____________________________________________________________
Address: ___________________________________________________________
Phone: _________________________________
Relationship (relative, neighbor, friend, etc.): ______________________________
________________________________________________________________________

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

____________________________________  _________________________________
(Signature)  (Date)