

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

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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)