



AABC DOG Adoption Application

Adopter: Please fill out the form below

Animal Name: _____
Description: _____

Interviewer Checklist	
<input type="checkbox"/>	Review - Medical
<input type="checkbox"/>	Review - Behavioral
<input type="checkbox"/>	Interaction with the animal
<input type="checkbox"/>	Introduction to current pets
<input type="checkbox"/>	Diet
<input type="checkbox"/>	Children & Pets
<input type="checkbox"/>	Collar & Tag
<input type="checkbox"/>	Micro chipping
<input type="checkbox"/>	Pet Insurance
<input type="checkbox"/>	Relevant Handouts
<input type="checkbox"/>	MHS Helplines
<input type="checkbox"/>	Adoption Fee
<input type="checkbox"/>	Adoption Guarantee - full refund within 31 days.

Comments: _____

Interviewer: _____
Recommendation: approve decline
Counselor: _____
Approve Decline Pending
Reason for pending: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date of Birth: _____

Email Address: _____

Veterinarian Name: _____

Address: _____

Phone: _____

Do you own or rent your home? Own Rent

if Rent: Landlord's name: _____

Phone: _____

Are pets Allowed? Yes No

Any Restrictions? _____

Is your yard fenced? _____ What type of fence? _____

Animals owned in the past 5 years:					
Name	Breed	Age	Sterilized	Current on shots	What happened to this animal?

I am adopting this dog for: myself my family my children friend/relative

How many adults in your home? _____

How many children? _____ How old are they? _____

Anyone in the household frail? (If yes, please explain) _____

Anyone in the household allergic to animals? Yes No

Do all members of your household know you plan to adopt a dog? Yes No

Are there any other pets in the household? _____ What types? _____

Are the other pets in the house up-to-date on vaccinations? _____

Are the other pets in the house spay/neutered? _____

This dog needs to get along with other dogs cats other: _____

Where will the dog be kept during the day? _____

Where will the dog sleep at night? _____

Where will the dog be kept when left alone? _____

How many hours will the dog be left alone without human companionship? _____

Describe your lifestyle: Is it active (e.g. hiking, camping, community work, in or out a lot)? _____

or is it more relaxed and structured? _____

How will you potty train (if necessary)? _____

Knowing some of the rescue dogs have had little or no training, are you willing to take the dog to obedience classes? Yes No

Are you willing to give the dog at least two (2) months to adjust to your family and home? Yes No

My ideal dog would: _____

Bad doggy habits I can not tolerate: _____