



6965 El Camino Real Ste. 105 - 113, Carlsbad, CA 92009 | Phone: 760-804-1400 | Fax: 760-804-1455 | www.thedogsquadrescue.org

ADOPTION APPLICATION

Dog's Name:		Date:	
Your Name:			
Address:			
City:	State:		Zip Code:
Phone: Home #:	Work #:		Cell #:
Email Address:			
How long have you lived at this address?		Do you:	Own? <input type="checkbox"/> Rent? <input type="checkbox"/> Other? <input type="checkbox"/> If "Other", please specify:
If less than 2 years, please provide your previous address:			
Type of home:	House <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Military Housing <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		
Type of street:	Busy <input type="checkbox"/> Light Traffic <input type="checkbox"/> Rural <input type="checkbox"/>		
Have you checked with your landlord or homeowners' association regarding permission to have a dog?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Do we have your permission to contact your landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Landlord's Name:		Landlord's Phone #:	
Your Age::	Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> Over 65 <input type="checkbox"/>	Are you a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital Status:	Married <input type="checkbox"/> Living with Partner <input type="checkbox"/> Single/Divorced <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		
Your Occupation:		Your Employer:	
Are you or your spouse/partner in the military?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what rank?	
# of adults in the household?		#. of children?	Children's Ages:
What animals do you currently own?	# of Dogs:		# of Cats:
Dog: Breed/s:	Ages/s:		Gender/s:
Have they all been spayed and/or neutered?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Are they all current on their vaccinations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Other animals? List types and #:			
Why do you want a dog (Please tick all that apply)?	Companion for Self <input type="checkbox"/> Companion for Children <input type="checkbox"/> Companion for Pet <input type="checkbox"/> For Spouse/Partner <input type="checkbox"/> As a Gift for Someone <input type="checkbox"/> For Home Protection <input type="checkbox"/> Working/Farm <input type="checkbox"/> Other <input type="checkbox"/> Please explain:		
Do all members of your household want a dog?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Where will the dog be kept most of the time?	Outdoors <input type="checkbox"/> Indoors <input type="checkbox"/> Both <input type="checkbox"/>		
What type of outdoor shelter will you have for the dog?			
Do you have a fenced yard?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		

THE DOG SQUAD RESCUE, INC.

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If "Yes", please describe the type and height of fence:			
Do you have a pool or deep pond?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If "Yes", is there a fence around it?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Where will the dog sleep (please be specific)?			
How many hours will the dog be alone each day?			
Where will the dog be kept when alone?			
How soon after the dog arrives home will it be left alone?			
How often do you travel?			
How do you plan to provide for the dog when you are out of town?			
Is anyone in your household allergic to dogs?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", are they on medication that can control their allergies?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
What will happen to the dog if you move: Locally?		Out of State?	
		Out of the Country?	
Have you owned a dog before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please explain what happened to your previous dog:			
Have you relinquished or given away any pets before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please explain the circumstances, i.e. why, to whom and when:			
Under what circumstances would you consider <u>not</u> keeping this dog?		Divorce <input type="checkbox"/> Move <input type="checkbox"/> New Baby <input type="checkbox"/> New Job <input type="checkbox"/> Illness <input type="checkbox"/> Incompatibility with existing pets: <input type="checkbox"/> Dog Aggression <input type="checkbox"/> People Aggression <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	
Who will be responsible for feeding, exercising, grooming and training your new dog?			
Do you have the time, knowledge and commitment to train this dog should a behavior problem arise?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dogs can live longer than 15 years and their care may amount to over \$500.00 per year. Are you prepared to accept this kind of responsibility for his or her ENTIRE life?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you object to an inspection of your premises by a rescue representative?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Veterinarian:		Phone #:	
How did you hear about us?	Word of Mouth <input type="checkbox"/> Friend/Family <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Magazine <input type="checkbox"/> Union Tribune <input type="checkbox"/> NC Times <input type="checkbox"/> PetFinder <input type="checkbox"/> Craig's List <input type="checkbox"/> Adoption Event <input type="checkbox"/> 1-800-Save-A-Pet <input type="checkbox"/> Pets911 <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		

PERSONAL REFERENCES (PLEASE DO NOT INCLUDE FAMILY) :

Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	

I hereby certify that I am at least eighteen years of age and, to the best of my knowledge, the information that I've provided above is true. I understand that any false information may result in the nullification of the adoption agreement.

Please print name/s: _____

Signature/s: