CANINE ADOPTION APPLICATION

A Wish for Animals

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FOR AWFA USE ONLY	DATE	
REVIEWED BY:	NAME OF DOG(S) OF INTEREST	
NOTE:	YOUR NAME	
	STREET ADDRESS	
	CITY, STATE & ZIP CODE	
	DRIVERS LICENSE #	
HM CHK: ☐ PENDING ☐ COMPLETE	TELEPHONE: ☐ H ☐ W ☐ C	
☐ APPROVED ☐ NOT APPROVED	TELEPHONE: ☐ H ☐ W ☐ C	
BY:	E-MAIL ADDRESS	

Please fill out the application for adoption as completely as possible. Dogs are fun, loving, playful, and a lot of work. Please be sure that you can make a commitment to the care of the dog before you decide to adopt one.
PLEASE BE ADVISED THAT FILLING OUT THIS APPLICATION IS NOT A GUARANTEE OF ADOPTION.
WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION THAT WE FEEL WILL NOT SUIT THE DOGS' REQUIREMENTS.

How did you hear about A Wish for Animals?	
Would you like to receive AWFA current news and events information?	☐ NO ☐ YES
Is this your first time applying for adoption with A Wish for Animals?	☐ NO ☐ YES
Do you live in a house, apartment, boat, dormitory, condo, other?	☐ OWN ☐ RENT*
*As a renter, I have permission from Property Management to have a dog:	☐ NO ☐ YES
*I will provide a copy of my lease/rental agreement at time of adoption:	☐ NO ☐ YES
Property Management Name and Telephone Number:	
Do you have a fenced yard?	☐ NO ☐ YES
What type of fencing do you have?	
How tall is your fence (at the lowest point)?	
Do you have a locked gate? How tall is your gate?	☐ NO ☐ YES – Height:
Do you have a pool?	☐ NO ☐ YES
If YES, is your pool area fenced?	☐ NO ☐ YES
Do you share your yard with anyone else?	☐ NO ☐ YES, explain:
How many adults/children in the house?	Adults: Children:
Please provide the age of each household member:	
Does anyone in your household smoke?	☐ NO ☐ YES, explain:
Is anyone in your household allergic to pets?	☐ NO ☐ YES, explain:
Do you have a dog(s) now?	☐ NO ☐ YES, explain:
Please provide breed, sex and ages:	
Do you have any other pets? If so, what kind?	☐ NO ☐ YES
Are your pets spayed or neutered (if NO, explain)?	☐ NO ☐ YES
Have you ever had a dog before? If YES, for how long?	☐ NO ☐ YES
If you no longer have, what happened to him/her?	
Do you think it's necessary for your dog to wear an ID tag? If NO, explain:	☐ NO ☐ YES
Have you ever lost a dog?	☐ NO ☐ YES, explain:
If your dog is LOST, which of the following will you do? (Check all that apply)	☐ Check Shelters ☐ Put ads in newspapers ☐ Put up flyers ☐ Take flyers door to door ☐ Wait, because he/she will come back
Will your dog be Indoor Only, Outdoor Only or Both?	☐ Indoor Only ☐ Outdoor Only ☐ Both
What percentage of time will the dog be Outside? Inside?	Outside:% Inside: %
Do you have a dog door?	☐ NO ☐ YES
If NO, will you install one?	☐ NO ☐ YES

Which rooms in your home are off limits to your dog?	
Is the dog allowed on the furniture?	☐ NO ☐ YES
When you are not at home, where will your dog be?	
Is anyone home during the day?	☐ NO ☐ YES
How many hours will the dog be alone on average?	
Does anyone come onto your property while you are not there? (i.e. gardener, pool cleaner, housekeeper, etc.) If YES, please explain:	☐ NO ☐ YES
Where will your dog be during those times (please be specific)?	
Where in your home will your dog sleep (please be specific)?	
What brand of dog food will you be feeding your dog?	
How often?	
What brand of dog treats, if any, will you feed your dog?	
How often?	
When you go on vacation, who will care for your dog?	☐ House/Pet Sitter ☐ Vet/Boarding Kennel ☐ Friend ☐ Other:
In the past, have you ever been forced to give up your dog?	☐ NO ☐ YES
If YES, what did you do?	☐ Gave to friend/relative ☐ Took to shelter ☐ Gave to adoption group ☐ Found dog new home via newspaper ☐ Other:
What will you do if you can no longer keep your pet?	
Which of the following will you use for flea control? (Check all that apply)	☐ Flea Sprays ☐ Flea Baths ☐ Flea Collars ☐ Advantage/Frontline ☐ Herbal flea collars ☐ Flea Busters ☐ Vet Recommendation ☐ Program ☐ Other:
What will you do if your dog gets sick?	
Do you know how much vet care costs?	
Are you prepared to spend the money, if needed?	☐ NO ☐ YES
Do you have a limit (if YES, please explain)?	☐ NO ☐ YES
If you have one, Current Veterinarian Name and Telephone Number:	
How will you get your dog to do what you want it to do?	
Have you ever trained a dog in obedience class?	☐ NO ☐ YES
Do you still use those same training methods?	☐ NO ☐ YES
What will you do if your dog chews/destroys a non-dog item?	
Under what circumstances will you give up your dog? (Check all that apply)	☐ Allergies ☐ Excessive Barking/Whining ☐ Digs in Yard ☐ Too Expensive ☐ Bites/Nips ☐ Bladder Control Loss ☐ Chronic Illness ☐ Did not turn out how I thought it would ☐ Other:
If dog were to do one of the above behavior issues (i.e. nipping, biting, barking, digging, etc.) are you willing to consult a professional trainer to try to rectify the situation before giving the dog up? If NO, please explain:	☐ NO ☐ YES
A pet requires a lot of human attention. Are you prepared and committed to spend a lot of time with your new pet for the rest of its life (15+ years)?	☐ NO ☐ YES

I, _____ (print name) hereby recognize and verify that all above information is true and accurate to the best of my knowledge, and that I have not intentionally withheld or omitted any other information.

SIGNED: **DATE:**