

D.N.A

"It's in our genes to save dogs."

Dog NetWorking Agents

706-832-2227

dognetworkingagents@gmail.com

Dog Adoption Application

Animal Name: _____ Breed: _____ Today's Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____

State/Zip: _____ Phone: _____ Email _____

1. Why do you want to adopt/rescue a dog?

2. Where do you live? House Condo Apartment Mobile Home Student Housing Military Housing
Other _____

3. Do you rent or own? Rent Own

a. If renting, does your lease allow pets? Y N Not Sure

b. Please provide your Landlord's Name and Phone Number: _____

4. Do you live with someone/have a roommate? Y N

a. If yes, please provide Name(s) and Phone Number(s):

5. Do you have kids, or are there any children who will have frequent contact with your adopted animal? Y N

a. If yes, please list ages of the children (to include ages of any grandkids who may be around your dog)

6. Does anyone in your household have any allergies to animals? Y N

7. What is the noise/activity level of your home? Quiet Moderate Active Very Active

8. Do you plan to use any of the following: Outside Kennel Runner Chain Tie Line Dog House
Electric Collar Bark Collar None of the above

9. Do you have a fenced in yard? Y N

a. If yes, what is the fence height and style? _____

10. How many hours a day will the dog be left alone? _____

11. When alone, where will the dog stay? Outside Loose Indoors Crate Indoors Confined to Room Indoors

12. When you are home, where will the dog be allowed?

13. Where will the dog sleep? Outside Garage Bed Crate Other: _____

14. Is this your first experience with a dog? Y N

15. Do you currently have other pets? Y N

a. If yes, please list type, age, and breed/size of other animals that live in your home:

b. Are all other animals in your home spayed/neutered and up to date on shots? Y N

16. Do you currently have or have you recently had a veterinarian? Y N

a. If yes, please provide Veterinarian's Name and Phone Number: _____

17. How long are you willing to give your dog to adjust to your home? _____

18. Do you have any health conditions that could restrict your ability to care for the animal? Y N

19. What will you do with your dog in the event that you are unable to care for your dog or move?

20. Have you ever surrendered an animal to a shelter or rescue? Y N

a. If yes, what were the circumstances? _____

21. If necessary, what methods will you use to housebreak your dog? _____

22. Have you ever experienced behavior or training problems with your current or previous dogs? Y N

a. If yes, please explain how you resolved these problems:

23. Would you be willing to have an in home visit by a DNA representative? Y N

24. Please provide two personal references who can speak to your character and any past experience with dogs:

Personal References:

Name _____

Phone _____

Email _____

Personal References:

Name _____

Phone _____

Email _____