



Adoption Application

PERSONAL:

Name(s): _____ Dog's Name: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Cell Phone: _____

Driver's License (State & #): _____ Email: _____

REFERENCES:

Employer: _____ Work Phone: _____

Address: _____ City/St/Zip: _____

Personal Reference: _____ Phone: _____

1. Why are you considering adding a pet to your life?

- | | |
|---|--|
| <input type="checkbox"/> Companion for Children | <input type="checkbox"/> Companion for adults only |
| <input type="checkbox"/> Protection for home/family | <input type="checkbox"/> Working Dog |
| <input type="checkbox"/> Companion for your family | <input type="checkbox"/> Companion for other pets |
- Other: _____

2. How many people reside in your household? _____

3. Do all member of the household want a pet? **Yes No**

4. Do any family members have allergies or asthma? **Yes No**

5. If you have children, what are their ages? _____

6. Will this animal be given as a gift? **Yes No**

7. Have you ever owned a pet before? **Yes No**

8. If yes, how long did you have your pet? _____

9. If no longer with you, what happened to him/her? _____

10. What other pets live with you?

Dog(s): _____ Age(s) _____ Sex(s) _____

Breed(s): _____ Spayed/Neutered: **Yes No**

Cat(s) _____ Age(s) _____ Sex(s) _____ Spayed/Neutered?: **Yes No**

Any other pets? _____

11. Do you live in: **House** **Condo/Townhouse** **Apartment**
12. Do you own or rent your home? **Own** **Rent** If you rent, do you have landlord approval for a dog?: **Yes** **No**
13. Do you have a yard? **Yes** **No**
14. Do you have a fence? **Yes** **No** If yes, what type: **Chain-link** **Wood** **Other:** _____
15. Approximately what is the height of your fence? _____
16. Where is your pet going to be kept when you are not home: **Indoors** **Outdoors** **Both**
17. If outdoors, will your pet be chained or tied up in any way?: **Yes** **No**
18. On average, how many hours per day will your pet be left alone? _____
19. Do you have the time and knowledge to train your new pet should a behavior problem arise? **Yes** **No**
20. Remember that pets are an investment of your time and money, can you afford to provide medical care, grooming, proper diet, proper shelter, and exercise for your new pet? **Yes** **No**
21. Vet Reference: Name/Address: _____
22. If arrangements don't workout with your new pet, are you willing to return it to us? **Yes** **No**

Signature of Applicant(s): _____

NOTICE OF FINAL APPROVAL: Adoption applications are not final until all conditions have been met and fees paid, and must be signed by one of our adoption staff, or other ITP representative.

Signature of ITP Representative: _____ Date: _____

Non-Refundable Processing Fee (Upon Selection of Dog)

\$200 for Puppies

\$175 for Adults

\$100 for Seniors

An application processing fee will be charged at the conclusion of the application review and prior to the transfer of any dog.