



## Dog Application

Last Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Revised 11/2016

ID #	Name	Species/Breed	Gender	Approx. Age
A-				
A-				

Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Email \_\_\_\_\_ Check this box if you choose NOT to receive AWLA email

Housing:  Own  Rent  House  Town House  Condo  Apartment  Fence, type: \_\_\_\_\_

Pet History (up to 3)	Type	Breed	Age	Gender	Length owned
<input type="checkbox"/> Previous <input type="checkbox"/> Current					
<input type="checkbox"/> Previous <input type="checkbox"/> Current					
<input type="checkbox"/> Previous <input type="checkbox"/> Current					

How many adults live in your home? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages of children? \_\_\_\_\_

How many hours each day will the dog be left alone? \_\_\_\_\_

Which dog behaviors would you like more information on? **(Check all that apply)**

- House and crate training  Introducing current pets  Training Classes  Play and Enrichment  Aggression  
 Redirecting destructive behaviors  Living with children  Grooming  Vet Care  Other \_\_\_\_\_

Do you agree to keep this dog as an indoor house pet only?  Yes  No **Please initial** \_\_\_\_\_

Our adoption contract states that you will take this dog to a vet within 10 days. The initial exam fee is waived if you visit one of our participating vets. You will be responsible for any medications or treatments the dog requires. You are also required to keep this dog on heartworm preventative for his lifetime and current on rabies/distemper vaccinations, and any medical care as needed. Do you understand and agree to this?  Yes  No **Please initial** \_\_\_\_\_

Have you, or has anyone who lives with you, ever been convicted of animal cruelty, neglect or abandonment?

Yes  No **Please initial** \_\_\_\_\_

I certify that all the information in my application is complete and accurate. I understand that false or incomplete information may result in the denial of my application. The League reserves the right to request additional materials prior to approving this application including but not limited to vet reference, verification of ownership of residence, proof of financial ability to provide for a pet, etc. We may also contact other shelters/jurisdictions regarding history of pet ownership and/or complaints received.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature, co-applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature, staff/volunteer \_\_\_\_\_ Date \_\_\_\_\_

**\*The League may deny any adoption application it deems not in the best interest of the animal.**