



PET ADOPTION APPLICATION

Personal Information:

NAME: _____ DL#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE#: _____ WORK#: _____

CELL#: _____ E-MAIL: _____

DATE OF BIRTH: __/__/____

References:

Please provide the contact information of a veterinarian you have used before and plan to use with your new dog. Vet references ARE checked.

VET NAME: _____ PHONE: _____

Vet records are under the name of: _____

PLEASE PROVIDE 2 REFERENCES (NO FAMILY MEMBERS)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Please list your place of employment

EMPLOYER: _____ PHONE: _____

General Information:

DO YOU OWN? ____ OR RENT? ____

NAME OF LANDLORD: _____ PHONE#: _____

DOES YOUR LEASE ALLOW PETS? _____
IS THERE A WEIGHT OR BREED RESTRICTION (BE SPECIFIC)

DOES YOUR LEASE REQUIRE A PET DEPOSIT? _____

DO YOU HAVE A FENCED IN YARD? _____

WHAT TYPE OF FENCE? _____ HOW TALL? _____

WHERE WILL YOU KEEP YOUR PET WHEN YOU ARE NOT HOME?

WHERE WILL YOUR PET BE KEPT WHEN YOU ARE HOME?

DO YOU HAVE A CRATE? Y__N__

DO YOU KNOW THE BENEFITS OF CRATE TRAINING? _____

DO YOU NEED INFO AND INSTRUCTION ON THIS? _____

HOW MANY HOURS A DAY WILL YOUR PET BE LEFT ALONE?

(BE SPECIFIC) _____

IS EVERYONE IN THE HOUSEHOLD AGREEABLE TO ADOPTING? _

MARITAL STATUS: MARRIED__SINGLE__PARTNER__

NUMBER OF ADULTS IN HOUSE HOLD? ____ CHILDREN? ____

WHAT ARE THE CHILDRENS AGES? _____

WHAT PET ARE YOU INTERESTED IN ADOPTING?

WHY IS THIS A GOOD TIME TO ADOPT? _____

ARE YOU INTERESTED IN A PUPPY__ ADOLESCENT__ ADULT__

WHAT SIZE? _____ WEIGHT? _____

MALE__ FEMALE__

WHO IS THIS PET FOR? MYSELF__ FAMILY__ CHILDREN__ GIFT__

IF A GIFT, FOR WHOM? _____

WHAT OTHER PETS DO YOU OWN?

NAME- BREED- MALE/FEMALE-SPAYED/NEUTERED--AGE

1 _____

2 _____

3 _____

4 _____

WHO WILL WATCH YOUR PET WHEN YOU ARE OUT OF TOWN OR
AWAY FOR THE NIGHT? _____

WHAT WOULD HAPPEN TO YOUR PET IF YOU HAD TO MOVE?

DOES ANYONE IN YOUR HOUSEHOLD HAVE ASTHMA OR
ALLERGIES TO ANIMALS? Y____ N_____

DID YOU HAVE PETS BEFORE THAT ARE NO LONGER WITH YOU?

Y_____ N_____ WHAT HAPPENED TO THOSE PETS? _____

HAVE YOU EVER SURRENDERED AN ANIMAL TO A SHELTER OR
RESCUE? _____

TYPE OF ANIMAL: _____ SHELTER: _____

REASON FOR SURRENDER: _____

HAVE YOU EVER BEEN REPORTED TO ANIMAL CONTROL, OR HAD
AN ANIMAL REMOVED FROM YOUR CARE? Y__ N__

IF YES, WHAT HAPPENED? (PLEASE EXPLAIN THE CIRCUMSTANCES

AND OUTCOME) _____

WHAT BEHAVIORS DO YOU FIND UNACCEPTABLE IN A PET? _____

WHAT DO YOU ESTIMATE YOU WILL SPEND ON THIS ANIMAL IN

ONE YEAR? _____

Donation:

All animals are spayed/neutered prior to placement. They are also current to date on vaccinations, heartworm negative, and microchipped. We request a donation/adoption fee for all dogs, this could range from \$150.00-\$350.00. Is this acceptable? _____

Please realize that dogs need vet care throughout their lives, including yearly boosters, heartworm and flea/tick preventative medications, ect. If you cannot afford the donation you may want to reconsider whether you are able to afford the annual care. Please consider this before adopting.

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE, AND I RECOGNIZE THAT ANY MISREPRESENTATION OF FACTS MAY RESULT IN LOSS OF MY ADOPTION PRIVILEGES. I CERTIFY THAT I HAVE NEVER BEEN CONVICTED OF ANIMAL CRUELTY, NEGLECT, ABUSE, OR ABANDONMENT.

I AUTHORIZE VERIFICATION OF ALL STATEMENTS IN THIS APPLICATION WITH LISTED VETERINARIAN, REFERENCES AND LANDLORD.

GCRR RESERVES THE RIGHT TO REFUSE ADOPTION TO ANYONE, WHO IN ITS OPINION, WILL NOT PROVIDE A SUITABLE HOME FOR THIS PET.

Name: _____

Date: _____