

LUCKY DOG _____

DATE _____

DOG ADOPTION APPLICATION

NORTH BAY ANIMAL SERVICES



COMPASSION • COMMUNITY • CONNECTION

TELL US ABOUT YOURSELF

Name _____ Spouse/Partner's Name _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email (please print clearly) _____ Driver's License # _____

Are you over 18-years old? Yes No

Housing: House Apartment Condominium Mobile Home Military

Do you: Own Rent Live with parents/other relative

How long have you lived at this address? _____ years _____ months

Number of people in the household: _____ adults _____ children (ages: _____)

TELL US ABOUT YOUR HOUSEHOLD

Dog Experience: First Time Dog Guardian Have had 1-2 Knowledgeable & experienced

Household Activity Level: Quiet Active Very Active

Time Away From Home: 0-4 hours/day 4-6 hours/day 6-8 hours/day 8+ hours/day

Reason For Wanting A Dog: _____

List any animal allergies in the family: _____

Who will be primarily responsible for the dog's care? _____

How much do you expect to spend on the care of this dog each year? _____

How much and what type(s) of exercise do you plan to provide? _____

Where will the dog be kept during the day? _____ At night? _____

Where will the dog be when people are home? _____ When alone? _____

How will you keep the dog confined to your property? In house Supervision Fenced yard

Chained Garage Kennel/Dog Run Other

Height of Fence: _____ Fencing Material: _____ Size of Yard: : _____

Name of Your Veterinarian _____

What would you do with the dog if you could no longer keep him/her? _____

TELL US ABOUT YOUR DOG PREFERENCES

Breed: _____ Size: 2-9 lbs 10-24 lbs 25-49 lbs 50-90 lbs 90+ lbs

Coat: short medium long no preference Gender: male female no preference

Age: 8-16 weeks 4-12 months 1-3 years adult senior

Attributes: calm active good with dogs/cats good with kids housetrained no shedding

TELL US ABOUT YOUR CURRENT PETS

SPECIES	AGE	GENDER	ALTERED?	INDOOR/OUTDOOR	# YEARS
				IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>	
				IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>	
				IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>	
				IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>	

TELL US ABOUT YOUR PAST PETS (5 year history)

SPECIES	ALTERED?	INDOOR/OUTDOOR	# YEARS	WHAT HAPPENED?
		IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>		
		IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>		
		IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>		
		IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>		

Have you ever brought an animal to a shelter? Yes No

If yes, what were the circumstances? _____

How did you hear about North Bay Animal Services? Word of mouth Website Advertising

Prior experience Community event Other

I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE VERY BEST OF MY KNOWLEDGE. I GIVE SHELTER STAFF PERMISSION TO VERIFY THIS INFORMATION.

Adopter's Signature _____

Date _____

STAFF USE ONLY

Application reviewed by _____ Applicant approved for _____

Comments _____

ADOPTION CHECKLIST	NEEDED?	DATE DONE	COMMENTS
Landlord: Phone #			
Children/Spouse Meeting			
Other Dog Meeting			
Home Visit			
APPLICATION REVIEW	INITIALS	DATE	COMMENTS
Follow up for application filed on specific animal			