

Dog Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family? _____

How many children? _____ ages? _____

What type of home do you live in? single family town home apartment,
 farm, Other, _____

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number: _____

_____(by providing this information you are allowing CPT to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Other Pets

What other pets do you have (specify type and number)? _____

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why? _____

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing CPT with this information you are allowing CPT to call your vet. Please call your vet and ask them to authorize the release of information to CPT.)

About the Dog You Wish to Adopt

Name of Dog you'd like to adopt _____

Desired age: _____ Desired Size: _____

Desired breed: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog
 dog that needs regular medication dog that needs training
 dog that needs grooming disabled dog

Where will the dog spend the day? (describe) _____

Where will the dog spend the night? (describe) _____

Number of hours (average) dog will spend alone? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you have a fenced yard? _____ What is the height of the fence _____

Do you agree to contact CPT if you can no longer keep this dog? Yes No

Are you be willing to let a representative of CPT visit your home by appointment?
 Yes No

How did you hear about CPT? _____

Would you be interested in fostering? Yes No Would like to know more

Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet.

(Signature)

(Date)