

**CANINE ADOPTION
APPLICATION**



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FOR AWFA USE ONLY	DATE	
REVIEWED BY:	NAME OF DOG(S) OF INTEREST	
NOTE:	YOUR NAME	
	STREET ADDRESS	
	CITY, STATE & ZIP CODE	
	DRIVERS LICENSE #	
HM CHK: <input type="checkbox"/> PENDING <input type="checkbox"/> COMPLETE	TELEPHONE: <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	TELEPHONE: <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	
BY:	E-MAIL ADDRESS	

Please fill out the application for adoption as completely as possible. Dogs are fun, loving, playful, and a lot of work. Please be sure that you can make a commitment to the care of the dog before you decide to adopt one. PLEASE BE ADVISED THAT FILLING OUT THIS APPLICATION IS NOT A GUARANTEE OF ADOPTION. WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION THAT WE FEEL WILL NOT SUIT THE DOGS' REQUIREMENTS.

How did you hear about A Wish for Animals?	
Would you like to receive AWFA current news and events information?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is this your first time applying for adoption with A Wish for Animals?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you live in a house, apartment, boat, dormitory, condo, other?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT*
*As a renter, I have permission from Property Management to have a dog:	<input type="checkbox"/> NO <input type="checkbox"/> YES
*I will provide a copy of my lease/rental agreement at time of adoption:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Property Management Name and Telephone Number:	
Do you have a fenced yard?	<input type="checkbox"/> NO <input type="checkbox"/> YES
What type of fencing do you have?	
How tall is your fence (at the lowest point)?	
Do you have a locked gate? How tall is your gate?	<input type="checkbox"/> NO <input type="checkbox"/> YES – Height:
Do you have a pool?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If YES, is your pool area fenced?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you share your yard with anyone else?	<input type="checkbox"/> NO <input type="checkbox"/> YES, explain:
How many adults/children in the house?	Adults: Children:
Please provide the age of each household member:	
Does anyone in your household smoke?	<input type="checkbox"/> NO <input type="checkbox"/> YES, explain:
Is anyone in your household allergic to pets?	<input type="checkbox"/> NO <input type="checkbox"/> YES, explain:
Do you have a dog(s) now?	<input type="checkbox"/> NO <input type="checkbox"/> YES, explain:
Please provide breed, sex and ages:	
Do you have any other pets? If so, what kind?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Are your pets spayed or neutered (if NO, explain)?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever had a dog before? If YES, for how long?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If you no longer have, what happened to him/her?	
Do you think it's necessary for your dog to wear an ID tag? If NO, explain:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever lost a dog?	<input type="checkbox"/> NO <input type="checkbox"/> YES, explain:
If your dog is LOST, which of the following will you do? (Check all that apply)	<input type="checkbox"/> Check Shelters <input type="checkbox"/> Put ads in newspapers <input type="checkbox"/> Put up flyers <input type="checkbox"/> Take flyers door to door <input type="checkbox"/> Wait, because he/she will come back
Will your dog be Indoor Only, Outdoor Only or Both?	<input type="checkbox"/> Indoor Only <input type="checkbox"/> Outdoor Only <input type="checkbox"/> Both
What percentage of time will the dog be Outside? Inside?	Outside:% Inside: %
Do you have a dog door?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If NO, will you install one?	<input type="checkbox"/> NO <input type="checkbox"/> YES

Which rooms in your home are off limits to your dog?	
Is the dog allowed on the furniture?	<input type="checkbox"/> NO <input type="checkbox"/> YES
When you are not at home, where will your dog be?	
Is anyone home during the day?	<input type="checkbox"/> NO <input type="checkbox"/> YES
How many hours will the dog be alone on average?	
Does anyone come onto your property while you are not there? (i.e. gardener, pool cleaner, housekeeper, etc.) If YES, please explain:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Where will your dog be during those times (please be specific)?	
Where in your home will your dog sleep (please be specific)?	
What brand of dog food will you be feeding your dog?	
How often?	
What brand of dog treats, if any, will you feed your dog?	
How often?	
When you go on vacation, who will care for your dog?	<input type="checkbox"/> House/Pet Sitter <input type="checkbox"/> Vet/Boarding Kennel <input type="checkbox"/> Friend <input type="checkbox"/> Other:
In the past, have you ever been forced to give up your dog?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If YES, what did you do?	<input type="checkbox"/> Gave to friend/relative <input type="checkbox"/> Took to shelter <input type="checkbox"/> Gave to adoption group <input type="checkbox"/> Found dog new home via newspaper <input type="checkbox"/> Other:
What will you do if you can no longer keep your pet?	
Which of the following will you use for flea control? (Check all that apply)	<input type="checkbox"/> Flea Sprays <input type="checkbox"/> Flea Baths <input type="checkbox"/> Flea Collars <input type="checkbox"/> Advantage/Frontline <input type="checkbox"/> Herbal flea collars <input type="checkbox"/> Flea Busters <input type="checkbox"/> Vet Recommendation <input type="checkbox"/> Program <input type="checkbox"/> Other:
What will you do if your dog gets sick?	
Do you know how much vet care costs?	
Are you prepared to spend the money, if needed?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you have a limit (if YES, please explain)?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If you have one, Current Veterinarian Name and Telephone Number:	
How will you get your dog to do what you want it to do?	
Have you ever trained a dog in obedience class?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you still use those same training methods?	<input type="checkbox"/> NO <input type="checkbox"/> YES
What will you do if your dog chews/destroys a non-dog item?	
Under what circumstances will you give up your dog? (Check all that apply)	<input type="checkbox"/> Allergies <input type="checkbox"/> Excessive Barking/Whining <input type="checkbox"/> Digs in Yard <input type="checkbox"/> Too Expensive <input type="checkbox"/> Bites/Nips <input type="checkbox"/> Bladder Control Loss <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Did not turn out how I thought it would <input type="checkbox"/> Other:
If dog were to do one of the above behavior issues (i.e. nipping, biting, barking, digging, etc.) are you willing to consult a professional trainer to try to rectify the situation before giving the dog up? If NO, please explain:	<input type="checkbox"/> NO <input type="checkbox"/> YES
A pet requires a lot of human attention. Are you prepared and committed to spend a lot of time with your new pet for the rest of its life (15+ years)?	<input type="checkbox"/> NO <input type="checkbox"/> YES

I, _____ (print name) hereby recognize and verify that all above information is true and accurate to the best of my knowledge, and that I have not intentionally withheld or omitted any other information.

SIGNED:

DATE: