



ADOPTION APPLICATION - DOGS

Please complete this and send it via email to:

info@SpotSavesPets.org

Name of dog you are interested in	Today's Date
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ADOPTER INFORMATION

Name			
Street Address			
City	State	Zip	
Home phone	Cell Phone		
E-mail			

REFERENCES

Personal Reference Name	Phone	
How you know this person		
Your Employer	Phone	

1. Why are you considering adding a pet to your life? <input type="checkbox"/> Companion for Children <input type="checkbox"/> Companion for Adults <input type="checkbox"/> Companion for other pets <input type="checkbox"/> Companion for Family <input type="checkbox"/> Working dog <input type="checkbox"/> Protection <input type="checkbox"/> Other:	
2. How many people live in your home?	
3. If you have children, what are their ages?	
4. Does everyone in the house want a pet?	
5. Do any family members have allergies or asthma?	
6. Will this animal be given as a gift?	
7. Have you ever owned pets before?	
8. If yes, how long did you have your pets?	
9. If pet(s) is/are no longer with you, what were the circumstances of the passing or absence?	

10. What other pets live with you?	Number of DOGS:	Number of CATS:
Breed(s)		
Age(s)		
Sex		
Spayed/Neutered?		
Other Pets:		

11. Do you live in a	<input type="checkbox"/> House	<input type="checkbox"/> Condo	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Military Housing
Other housing					
12. Do you own or rent your home?	<input type="checkbox"/> Own		<input type="checkbox"/> Rent		
If renting, do you have your landlord's permission to have a pet?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If renting, may we contact your landlord?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Landlord's name			Phone		
13. Do you have a yard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is yard fenced?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, height:
14. Do you have a pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is pool fenced?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, height:
15. Where will your new pet be when you are not at home?					
16. If your pet will be outdoors, will he/she be chained or tied up?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
17. How many hours per day will your pet be left alone?					
18. May we visit your home for a basic safety and security check?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
19. Do you have the time and will you make the commitment to train your new pet should behavior concerns arise?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
20. Pets are an addition to the family, and as such will require investment of your time and money for medical care, grooming, appropriate food, water, proper shelter, clean environment, exercise, attention, affection, and protection from harm. Are you willing and able to provide the appropriate resources that your new pet requires?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
21. Veterinarian:			Phone:		
Vet's clinic or hospital name:					
22. This pet is not to be passed into other hands without approval of SPOT. Do you agree that if for any reason you could not keep this pet you will contact SPOT? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please contact SPOT with least one week notice for return to allow us time to find a foster home. Call 760-593-7768					

I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULYFING MY APPLICATION. I AGREE TO ACCEPT THE DECISION OF SPOT REGARDING THE SUITABILITY OF ADOPTING A PET. I UNDERSTAND THAT SAID DECISION IS FINAL AND IF NOT APPROVED, NO EXPLANATION OR JUSTIFICATION IS NECESSARY. I ALSO UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE SELECTED TO ADOPT THIS ANIMAL.

Applicant Signature:		Date:	
SPOT Representative Signature:		Date:	