

**ANGELS FOUR PAWS**

**WWW.ANGELSFOURPAWS.ORG**

CELESTINE KHUONG 832-659-2576

BARBARA PENNINGTON 832-335-9121

wingsforpaws@gmail.com

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Dog Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOG ADOPTION APPLICATION** (Please Print Clearly & Answer all Questions.)

**ANGELS FOUR PAWS has the right to refuse adoption to anyone**

**Adoption Fee – $150 – includes current on all shots, worming, spay/neuter and up to date on monthly heartworm medication.**

***NOTE:*** *If for any reason, other than health, you choose to return the dog, the adoption fee will not be refunded and considered a tax deductible donation to the rescue.*

Applicant's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF RESIDENCE:** Do you Rent? \_\_\_\_\_Own? \_\_\_\_\_

\_\_\_House Property owner's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Apartment How long have you lived here?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Mobile-Home

\_\_\_Duplex #Adults in house\_\_\_\_\_\_#Children\_\_\_\_\_\_Children's Ages\_\_\_\_\_\_\_

**WHAT PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD?**

 **KIND SPAY/NEUTER KEPT WHERE? TIME OWNED \_\_\_ AGE**

Dog\_\_Cat\_\_ **|** Yes\_\_\_No\_\_\_ **|** In\_\_\_\_Out\_\_\_  **|**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**|**\_\_\_\_\_\_\_\_\_\_**|**

Dog\_\_Cat\_\_ **|** Yes\_\_\_No\_\_\_ **|** In\_\_\_\_Out\_\_\_  **|**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**|**\_\_\_\_\_\_\_\_\_\_**|**

Dog\_\_Cat\_\_ **|** Yes\_\_\_No\_\_\_ **|** In\_\_\_\_Out\_\_\_  **|**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**|**\_\_\_\_\_\_\_\_\_\_**|**

Other\_\_\_\_\_ **|** Yes\_\_\_No\_\_\_ **|** In\_\_\_\_Out\_\_\_  **|**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**|**\_\_\_\_\_\_\_\_\_\_**|**

**LIST PREVIOUS PETS** **WHAT HAPPENED**

 **KIND SPAY/NEUTER KEPT WHERE? TIME OWNED TO PET\_\_\_\_\_\_**

Dog\_\_Cat\_\_ **|** Yes\_\_\_No\_\_\_ **|** In\_\_\_\_Out\_\_\_  **|**\_\_\_\_\_\_\_\_\_\_\_**|**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**|**

Dog\_\_Cat\_\_ **|** Yes\_\_\_No\_\_\_ **|** In\_\_\_\_Out\_\_\_  **|**\_\_\_\_\_\_\_\_\_\_\_**|**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**|**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Are you at least 18 years old?\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_No
* What is the name of your veterinarian?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Veterinarian's address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How long have you used this Vet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Who will be responsible for the daily care/feeding of this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Who will financially support this dog?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reason for wanting this dog?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where will you keep this dog?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where will you keep this dog when you TRAVEL?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do all members of this household *WANT* this dog?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you have young children, they need to be educated on how to interact with the dog in order to prevent dog bites, are you able/willing to do that? \_\_\_Yes \_\_\_No
* How long will you give this dog to adjust to its new home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many hours will your dog spend alone?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you must give up this dog, you agree to contact Celestine or Barbara so arrangements can be made for surrender and pick up of the dog, so it does not end up on the streets or in a shelter? \_\_\_Yes \_\_\_\_\_No
* Would you object to a follow-up home visit by Celestine Khuong or Barbara Pennington? \_\_\_Yes \_\_\_No Best day/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What amount of time will the dog be inside?\_\_\_\_\_\_outside?\_\_\_\_\_\_
* Do you have a doghouse? \_\_\_\_\_\_Yes\_\_\_\_\_No
* Do you have a fenced yard?\_\_\_\_\_Yes\_\_\_\_\_No
* Do you have a shaded area in your yard?\_\_\_\_\_Yes\_\_\_\_\_No
* Do you realize that a dog may entertain itself by digging, chewing home items and/or escaping and wandering? \_\_\_Yes \_\_\_No
* What will you do if your dog shows destructive behavior? (Digging, chewing, jumping, tearing up plants/furniture or running off) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you realize that you will probably have to housetrain your new puppy/dog?

 \_\_\_\_Yes\_\_\_\_No

* Would you like information on how to housetrain a new puppy or dog?

 \_\_\_\_Yes\_\_\_\_No

* If adopting an adult dog, how many times per day will you exercise it? 1 2 3
* What form of exercise will you provide for your dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What form of training will you provide your dog?

 \_\_Obedience class

 \_\_Follow training books

 \_\_Professional training

 \_\_Home training

* If the puppy/dog is not already spay or neutered – Angels Four Paws will set up the spay/neuter appointment – and you agree to take the dog to the appointment.  If unable to make the appointment – a 24 hour advance notice must be made, so the appointment can be rescheduled to fit your schedule.

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* What type of balanced nutrition do you intend to provide for your dog?

 Dog Food Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dry or Wet

* Will you have this dog vaccinated annually against infectious diseases?

\_\_\_\_\_\_Yes \_\_\_\_\_No

Veterinarian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you familiar with heartworm disease?\_\_\_\_\_\_Yes\_\_\_\_\_\_No
* Will you maintain your dog on heartworm preventative?

 \_\_\_\_\_Yes\_\_\_\_\_No

* Do you realize that dogs often live longer than 10 years and are you willing to assume responsibility for that long?\_\_\_\_\_\_Yes\_\_\_\_\_No
* How will you keep the dog confined to your property?

**(Check all that apply)**

 \_\_\_House\_\_\_\_Kennel\_\_\_\_Fence\_\_\_\_Chain\_\_\_Patio\_\_\_\_\_Garage\_\_\_Leash\_\_\_\_Other

**Two (2) References:**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify the above is true and that false information may result in nullifying this adoption. ANGELS FOUR PAWS has the right to refuse adoption to anyone. I understand that no animal can be held for me.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

COMMENTS OR ADDITIONAL INFORMATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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