



# Canine Adoption Application



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

1. Name of dog(s) in which you are interested: \_\_\_\_\_
2. Reason for adoption: Breeding Child's Pet Companion for Current Pet Family Pet Gift Protection
3. Dwelling type: Apartment Condo Duplex House Mobile Home Townhouse  
 Length of time at current address: \_\_\_\_\_ Number of people in household: \_\_\_\_\_
4. Ownership Status: Own Live with a Friend or Family Member Rent
5. If you rent, are dogs allowed: Yes No Is the pet deposit paid: Yes No  
 Are there weight or quantity limits: Yes No Describe: \_\_\_\_\_
6. Is your yard fenced: Yes No Do you plan to purchase a physical or electric fence: Yes No Maybe
7. Do you own an outdoor pen: Yes No Do you own, or plan to purchase, a crate: Yes No Maybe
8. Are you 18 years of age or older: Yes No
9. Are there any children in the home: Yes No Ages: \_\_\_\_\_
10. Who are the person(s) responsible for the daily care of pet(s): \_\_\_\_\_
11. Do you currently have any pets: Yes No Type/Quantity: Cats/ \_\_\_\_\_ Dogs/ \_\_\_\_\_ Other: \_\_\_\_\_  
 What are your current pets' breeds and ages: \_\_\_\_\_
12. What is the name of your veterinarian (including clinic name): \_\_\_\_\_
13. Are your current pet(s) current on all vaccinations: Yes No Will you new pet(s) be kept current: Yes No
14. Are your current pet(s) spayed or neutered: Yes No If not, why: \_\_\_\_\_
15. Are your current pet(s) on monthly heartworm preventative: Yes No If not, why: \_\_\_\_\_
16. Where do your current dog(s) live: Inside Outside Where will your new dog(s) live: Inside Outside
17. Where do your current dog(s) sleep: Inside Outside Where will your new dog(s) sleep: Inside Outside
18. What type of supervision will your dog(s) have when going outside: \_\_\_\_\_
19. On average, how many hours per day will your dog(s) be unsupervised: \_\_\_\_\_
20. Do you know about crate training: Yes No Do you plan to use this method to housebreak/train: Yes No
21. What arrangements will you make for your dog(s) if you need to be away from home overnight:  
Boarding Pet Sitting Other: \_\_\_\_\_
22. How do you feel about debarking, ear cropping, and tail docking: \_\_\_\_\_  
 Have you ever had these surgeries performed on a dog: Yes No Why: \_\_\_\_\_  
 Do you plan to do have any of these surgeries performed on your new dog: Yes No Maybe
23. Have you ever had to give up a pet before: Yes No Animal: \_\_\_\_\_  
 Why: \_\_\_\_\_ What did you do with the animal: \_\_\_\_\_
24. What happened to your most recent dog that you no longer have: \_\_\_\_\_
25. Have you had a dog die on your premises on the last 3 months: Yes No  
 Cause of Death: Age Distemper Parvo Rabies Unknown Other: \_\_\_\_\_
26. Are you willing to go to the expense and trouble of taking your new dog(s) to a veterinarian for full preventative and medical care at least once a year (approximate cost: \$100+): Yes No
27. Does anyone in your household have animal allergies or asthma: Yes No
28. Will you notify us if the dog(s) develop any health problems or illness at the onset of the problem if they occur within the first week of adoption: Yes No
29. If you are unable to keep the dog(s) for any reason, will you return the dog(s) to JPR: Yes No
30. If requested, will you allow an authorized JPR representative to visit your home (by appointment only) so we can see how you new dog(s) are adjusting: Yes No

**By signing here, I am attesting to the truthfulness of my answers:**

**Signature:** \_\_\_\_\_