



# DOG ADOPTION APPLICATION



Phone: (479) 695-3450 Email: ashelter@co.washington.ar.us

We request the following information so that we can assist you in the selection of a new dog. This form and a consultation with a shelter representative are designed to help you find the dog most compatible with your lifestyle.

Please have: Identification showing your present address, have the consent of your landlord, and be able to spend the time and money necessary to provide proper care of the dog.

Date: \_\_\_\_\_ Animal that you are interested in? \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

**Personal References (Local): Please note: We will contact both of them.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Previous & Current Pets**

Have you ever given an animal to a family member or animal shelter? \_\_\_\_\_

List all Pets that you have owned in the last 5 years: (if you need more room, please use the back)

<i>Dog or Cat</i>	<i>Breed</i>	<i>Pets Name</i>	<i>Age</i>	<i>Male/ Female</i>	<i>Spayed/ Neutered</i>	<i>Comments</i>

**Please check the box that best describes your home.**

- House with fence
- House with outside Kennel
- Apartment without yard
- Mobile home/Condo with unfenced yard
- Other (please explain) \_\_\_\_\_
- House with unfenced yard
- Mobile home/Condo with fenced yard
- Farm with livestock

If you rent, Please provide the name and phone number of the property owner or manager.

Are there any areas of the house that the dog will not be allowed? \_\_\_\_\_

Please explain why you want a dog. \_\_\_\_\_  
\_\_\_\_\_

How many hours per day will the dog be without human companionship? \_\_\_\_\_

Who will be the primary caregiver of the dog? \_\_\_\_\_

How will you discipline the dog for undesired behaviors? \_\_\_\_\_

Are you aware that even housetrained dogs need a period of adjustment in a new home? \_\_\_\_\_

When you go out of town, what arrangements will you make for the care of your dog? \_\_\_\_\_  
\_\_\_\_\_

If anything were to happen to you, what do you anticipate would happen to the dog? \_\_\_\_\_  
\_\_\_\_\_

If you have a cat, describe how you will introduce your new dog to the cat? \_\_\_\_\_  
\_\_\_\_\_

Have you considered that expenses for owning a dog are approx. \$1,200.00 annually? \_\_\_\_\_

Is there a time when the animal will be tied up? \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_

How tall is the fence and what type of fencing? \_\_\_\_\_

***If you do not have a fenced yard.....***

Where will the dog go use the bathroom? \_\_\_\_\_

**Veterinary Clinic: Please list all of your pets Veterinary Clinics in the past 3 years. *If several vets were used, please provide approximate service dates.***

Name of Clinic(s) and Phone number:

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

What name is your account listed under at the Veterinary Clinic? \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

I have filled this application out honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand that the Washington County Animal Shelter (WCAS), reserves the right to annul the adoption and reclaim the animal. I give the WCAS permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home visit by a WCAS representative before and after an approved adoption.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is the WCAS to decide which home is most appropriate and that their decision is final. I am free to apply and undergo the application process in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*\*\*Office Use Only*

Cnsl done: Y / N    Dog Name & ID \_\_\_\_\_ Receipt #: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Notes: \_\_\_\_\_

Microchip sticker here: