

## To be considered as an adopter, you must:

- Be 21 years of age or older
- · Have identification showing your present address
- · Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the dog

Please print legibly and complete all pages. Do not leave any blanks, write 'N/A' if a question doesn't apply. Date Name of applicant\_\_\_\_\_ Age Spouse/Roomate name Age Street Address City \_\_\_\_\_ State\_\_\_\_\_ Zip \_\_\_\_\_ Phone (H)\_\_\_\_\_\_(V)\_\_\_\_\_ Spouse/roommate (C) (W) E-mail (both applicants) ☐ House ☐ Apartment ☐ Condo ☐ Mobile Home ~ Do you own or rent your home? ☐ Own ☐ Rent How long have you lived at this address? If you rent, please provide name and phone number of landlord or HOA contact person: Name Phone number: What is your current occupation? Who is your current employer? \_\_\_\_\_ Does your job require extensive travel? How many adults are in your family? \_\_\_\_\_ Full name(s) if other than adopter(s)\_\_\_\_\_ How many children?\_\_\_\_\_ Gender & age? \_\_\_\_\_ Why, specifically, do you want a dog?\_\_\_\_\_ Will this be your first dog? ☐ Yes ☐ No Do you currently have pets? If so, list breed, age, sex & temperament (alpha or submissive). (Cont'd on next pg)

Are these pets on heartworm prevention?	Brand
Have they been spayed or neutered? ☐ Yes ☐ No ☐	Don't know
Are they current on vaccinations? ☐ Yes ☐ No ☐ Do	n't know
Was your last dog obedience-trained? ☐ Yes ☐ N	o 🚨 Doesn't apply
Why do you want this dog? (Check all that apply.)  ☐ House pet ☐ Watch dog ☐ Guard dog ☐ He	·
□Other (explain)	
Who is your veterinarian?	Phone
Name of animal hospital	City/state
Have you ever surrendered any of your animals to a	shelter? □Yes □No If yes, please explain:
Have you ever had a pet euthanized? ☐Yes ☐No	If yes, please explain:
Is your yard fenced? ☐ Yes ☐ No What kind of fe	ence?
Fence height at lowest point?	How big is your yard?
Is there a gate? ☐ Yes ☐ No Will gate be I	ocked to protect your dog? ☐ Yes ☐ No
Do you have a dog door? ☐ Yes ☐ No If you live in County anti-tethering ordinance by not chaining the	n Palm Beach County, will you abide by the Palm Beach dog? ☐ Yes ☐ No
Does any member of your household have an allerg	y to dogs? □ Yes □ No
Is someone home during the day? ☐ Yes ☐ No	If yes, who?
How many hours each day will the dog be without ho	uman companionship?
Where will the dog be kept during the day?	At night?
Where will the dog stay when the family is out of tow	vn?
Do you crate your pets? ☐ Yes ☐ No	
Are you able and willing to exercise the dog on a reg	gular basis? □ Yes □ No
If yes, method of exercise:	
If your new dog/puppy is not housebroken, what me	thod will you use to train him/her?
Would you be willing to take the dog to obedience cl	lasses? ☐ Yes ☐ No If no, why?

If you drive a pickup truck, would	I you allow the dog to ride in the bac	k? ☐ Yes ☐ No
If yes, please explain:		
If you move, will you take the do	g with you? □Yes □No If no plea	ase explain
	ility for this dog for the next 10 to 15	
What provisions will you make fo	or the dog should you become unable	e to care for him/her?
, , ,	nd on medical bills for your dog? Up to \$1,000 □Up to \$5,000	□Whatever it takes
	A Pet before to adopt an animal?	
How did you find out about Save	A Pet?	
Name of dog you would like to a	dopt	
Please provide 2 personal refere	nces:	
Name	Relationship	
Street address		
City	State	Zip
Phone	Email	
Name	Relationship	
Street address		
City	State	Zip
Phone	Email	
Notes (for Save A Pet's use)		
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