

TREASURED FRIENDS
DOG ADOPTION APPLICATION
P.O. BOX 9234 – HIGHLAND, IN 46322



Foster's Name: _____

Foster's Phone: _____

Dog's Name: _____

Description: [M] [F] _____

Applicant Name: _____

Name of spouse or roommate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Drivers License #: _____

Number of people in home: Adults: _____ Children: _____

Ages of children: _____

Occupations: _____

Type of Dwelling [] House [] Apt [] Condo [] Other (specify): _____

Do you [] Rent [] Own your home?

Landlords Name: _____ Phone: _____

Veterinarian's/Clinic Name: _____ Phone: _____

Name(s) of animals taken there? _____

Do you agree to spay or neuter? [] Yes [] No

Is this dog a gift? [] Yes [] No

Are you looking for [] Indoor [] Outdoor [] Indoor/outdoor dog?

Does your home have a yard? [] Yes [] No Approx area of Yard: _____

Does your yard have a Fence? [] Yes [] No Height of Fence: _____

Where would your dog be kept during the day? _____

Where would your dog be kept during the night? _____

How many hours a day would be dog be left alone? _____

Is an adult home during the day? _____

Primary reason for adopting this dog: _____

Is anyone in the household allergic to animals? _____

What type of dog are you looking for? _____

What attracted you to this dog? _____

Do you own a pet now? Number of Cats: _____ Number of dogs: _____

How many are spayed or neutered? _____

Have you had pets in the past? [] Yes [] No

Type of pet How Obtained How long kept What happened to the pet?

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Animals are as individual as people. Are you willing to spend the time and effort helping this dog adjust to your home and lifestyle? [] Yes [] No

How much time? _____

Under what circumstances would you not keep this dog? _____

If the dog became destructive, what would you do? _____

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Would you object to an inspection of your premises by our staff? _____

I certify that the above is true and correct. Any false information may result in the nullification of this adoption.

SIGNATURE _____ **DATE** _____

We reserve the right to refuse any application. All applications must be 18 years of age or older.

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Do not write in this section – For staff use only

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