



TREASURED FRIENDS

CANINE ADOPTION APPLICATION



P.O. BOX 9234 - HIGHLAND, IN 46322
(219) 381-8562

In order to adopt from Treasured Friends you must provide proof of current address by your driver's license or state certified photo I.D. You must be 18 years of age or older and your application must be approved by the foster and/or group representative(s).

Foster's Name: _____

Dog's Name: (first choice) _____ Description: _____ (M) (F)

Dog's Name: (second choice) _____ Description: _____ (M) (F)

Name: _____ Phone #: () _____

Address: _____ Cell Phone#: () _____

City: _____ Email Address: _____

State: _____ Zip: _____

Employer: _____ Phone #: () _____

Occupation: _____ Your Date of Birth: _____

Name of spouse/partner: _____ Partner's Employer: Phone #: _____

Partner's Employer: _____ Partner's Occupation: _____

Number of people in home: Adults _____ Children _____

Ages of children: _____ Is everyone in the household in favor of this adoption? () yes () no

Type of Dwelling: () House () Apt. () Condo () Live with parents () Other (explain): _____

Do you: () Rent () Own your home? _____ Would you permit an onsite premise check? _____

Landlord's name: _____ Phone: _____

If you live with parents, regardless of age, we must have parental consent: _____

Parent's Name: _____ Parent's phone #: _____

Is this your first pet? () yes () no _____ Are you 18 years of age or older? () yes () no _____

Veterinarian's/Clinic name _____ **Phone:** _____

Name(s) of animals taken there: _____ Are they all spayed or neutered? () yes () no _____

How many pets are presently in your home? () Cats () Dogs () Other **Breeds/Ages:** _____

Are they all current on heart worm meds? () yes () no _____ Are they all current on their shots? () yes () no _____

(PLEASE TURN OVER)

Do you agree to spay or neuter? () yes () no Is this dog a gift? () yes () no

Where will your dog spend its time? () indoors () outdoors () both

Where will your dog be during the day? () indoors () outdoors () both

Where will your dog be during the night? () indoors () outdoors () both

If you dog is outside, what type of shelter will you provide?

Do you have a fenced yard? () yes () no How high is your fence?

Primary reason for adopting this dog.

Is anyone in the household allergic to animals? () yes () no

If you move or become incapacitated in the future is there someone who will take your dog?

Under what circumstances would you not keep this dog?

Have you adopted from a shelter or animal organization before? () yes () no

If yes, which one and where.

Have you ever turned an animal into a shelter or animal organization? () yes () no

If yes, please check: () your own () stray What shelter?

Have you had pets in the past? () yes () no Please list them below:

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

Animals are as individual as people. Are you willing to spend the time and effort that will be needed to help this dog adjust to your home and lifestyle? () yes () no

We accept multiple applications on all animals. We reserve the right to place a pet in the most suitable home for that pet's temperament.

I certify that the above is true and correct. Any false information will result in the nullification of this adoption. This application will be held on file for 90 days.

Date:

Applicant's Signature (must be 18 years or older)



DO NOT WRITE BELOW THIS LINE

Three horizontal lines for writing, enclosed in a rectangular box.