



# Dog Adoption Application

Welcome to Countryside Animal Sanctuary, Inc.'s adoption program. 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 Countryside Animal Sanctuary Inc. representative are designed to help you find the dog most compatible with your lifestyle. Please mail this form to Countryside Animal Sanctuary Inc., P.O. Box 1 Hopewell, PA 16650.

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

- Be 18 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

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Age \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Are you adopting for yourself or someone else? \_\_\_\_\_

Describe in detail the dog you're looking for: \_\_\_\_\_

Would this be your first dog? Yes  No

What kind of pets have you had in the past? \_\_\_\_\_

Which of these pets do you still have? (Include age, sex and breed.) \_\_\_\_\_

Have they been spayed or neutered? Yes  No

Are they current on vaccinations? Yes  No

What happened to the pets that you no longer have? \_\_\_\_\_

Have you ever turned your dog into an animal shelter? Yes  No  If Yes, please explain \_\_\_\_\_

If you currently have pets, will they adapt to a new dog in the house? Yes  No

Why do you want this dog? (Please check all that apply.)

Companion  Companion for other pet  House pet

How many adults are in your family? \_\_\_\_\_ Children and Ages \_\_\_\_\_

Does any member of your household have an allergy to dogs? Yes  No   
Is someone home during the day? Yes  No  Who \_\_\_\_\_  
How many hours each day will the dog be without human companionship? \_\_\_\_\_ Explain \_\_\_\_\_

Are there times when the dog will be tied up? Yes  No   
Where do you live? House  Apartment  Condo  Mobile Home  Other \_\_\_\_\_  
Do you own or rent your home? Own  Rent

If you rent, may we contact the owner to obtain permission for this dog to live in your home?  
Yes  No  Owner's name and phone number: \_\_\_\_\_

Are you employed? Yes  No   
Where will your dog be kept during the day? In the house  Outdoors  With free access to both indoors and outdoors  Please explain: \_\_\_\_\_

Would you be able and willing to exercise the dog on a regular basis? Yes  No   
Will you keep the dog up-to-date on vaccinations? Yes  No   
Who is your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_ City/State \_\_\_\_\_

If you go away for a few days, or on a vacation, who will take care of the dog? \_\_\_\_\_

What arrangements have you or will you make for the care of your pets in case of an emergency, or if you become unable to care for him/her. \_\_\_\_\_

If you move, will you take the dog with you? Yes  No   
Are you willing to have a representative of Countryside Animal Sanctuary Inc. come to see where the dog will be living?  
Yes  No  If no, explain: \_\_\_\_\_

Are you willing to take responsibility for this dog for the next 10 to 20 years? Yes  No   
Additional comments from the applicant: \_\_\_\_\_

Please provide **2 personal references**:  
Name of reference #1 \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Name of reference #2 \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_