



6630 Hwy AJ, Washington, MO 63090
Cindy 636-667-0295 • Paula 636-582-0738
dog-saver@hotmail.com • <http://dog-saver.org>

ADOPTION APPLICATION

Pet you're interested in adopting: _____ Date: _____

INFORMATION ABOUT YOU

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
E-mail: _____ DL#: _____

List two references that we may contact:

(1) Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____

(2) Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____

Name of Employer:

Employer: _____ Phone: _____
Spouses Employer: _____ Phone: _____

How did you hear about Dog Saver? **Facebook / Website / Adoption Event / Friend / Other:** _____

INFORMATION ABOUT YOUR HOME

Do you live in a **House / Apartment / or Mobile Home?** (Circle one)

Do you **OWN** or **RENT** your home? (Circle one)

If you rent, or live in a trailer court, please provide the following information:

Landlord: _____ Phone: _____

Are you familiar with your landlord's pet policy? **Yes / No** (Circle one)



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ADOPTION APPLICATION (cont.)

Date: _____

Animal Name: _____ Intake No.: _____

Do you live **INSIDE** or **OUTSIDE** the city limits? (Circle one)

Is your home's location **URBAN** / **SUBDIVISION** / or **RURAL**? (Circle one)

Do you have a fenced yard? **Yes** / **No** (Circle one)

If yes, what kind and what height? _____

If no, how will you exercise your dog? _____

Do you want this dog to be **inside only** / **outside only** / or **both**? (Circle one)

Where will the pet be kept when you are not home? _____

If you go away for a few days, or on a vacation, who will take care of your pet? _____

What arrangements will you make for the care of your pet in case of an emergency or if you become unable to care for your pet? _____

If you move, will you take the pet with you? **Yes** / **No** (Circle one)

Veterinarian used:

Name: _____ Phone: _____

Do you own other pets? **Yes** / **No** (Circle one)

If yes, what type(s)? _____

Are your pets current on vaccinations? **Yes** / **No** (Circle one)

Do you have children? **Yes** / **No** (Circle one) If yes, what age(s)? _____

Are all members of the household in full agreement of adopting this dog? **Yes** / **No** / **Undecided** (Circle one)

Who will be primarily responsible for this pet? Name: _____ Age: _____

I certify that the above information is accurate and understand that false information may result in nullifying this adoption. I have willingly provided the information to Dog Saver. I will notify Dog Saver of any changes related to this information.

Signature of Applicant

Date Signed

ATTENTION: Completion of this agreement does not guarantee that you will be approved for the adoption of this pet. Dog Saver is dedicated to placing our pets in the best homes possible. Therefore, we will contact references that you have provided to ensure that we make the best decision for both the potential adopting individual/family and pet. We appreciate your patience while we make our decision. After all, this decision will be one that will last for the lifetime of your pet!