

CARING FOR CREATURES

ADOPTION APPLICATION DOGS & PUPPIES

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There are no wrong animals. There are wrong matchups!

It is our goal to assist you in selecting the most appropriate animal companion for your lifestyle, preferences, needs, and time constraints. You can assist by taking a few moments to answer the following questions. Thank You!

I would like to adopt: () Dog { } Puppy
Age Preferred: () under 6 months () 6mos-1year () Adult
I would prefer: () Male () Female () Doesn't matter

Name _____ Date _____

Street Address _____

City/State/Zip _____

Home Phone: _____ Business Phone: _____

Email Address (if applicable) _____

Number of adults in household _____ Number of children in household: _____

Please list sex & ages of children: _____

Do you live in a:

() Single family home () Farm () Mobile home () Condominium () Apartment

Do you Own ____ or Rent ____?

If renting, you must have written permission from your landlord.

Landlord's Name _____ Phone No. _____

Do you have a yard? () yes () no

If yes, is your yard fenced? () yes () no

If yes, note the approximate size of fenced area, height of fence, and type of fencing:

If no, how do you intend to exercise your dog and send him/her out for potty breaks?

Our Adoption Agreement provides that a dog will not be chained or tied outdoors, nor left outdoors for long periods unsupervised. Do you agree to these conditions?

() Yes () No

Cite primary reason(s) for desiring to adopt a dog: ____Companionship ____Good for whole family
____Love animals ____Need protection such as a watchdog ____Interested in breeding ____

Other: _____

OVER

How many dogs have you owned in the past ten years? _____ Please list each dogs' breed, sex, name and age. If you no longer own the animal, what became of it?

Do you have cats? () yes () no If yes, how many and what are their ages:

Are your existing animal companions spayed/neutered? ()yes ()no
Have you ever bred dogs? ()yes ()no
Have you ever trained a dog before? ()yes ()no If yes, what commands were taught?

Are you familiar with crate training ()yes ()no If no, would you be willing to learn more about it and consider the use of a crate as a training & transitional aid?
()yes ()no

Where will your dog sleep? _____

Where will you keep your dog while you are not home?

Approximately how long would you expect your dog to be alone each day?

Do you currently have a veterinarian? ()yes ()no
If yes, please provide vet's name: _____

If no, would you like CFC to recommend one or more veterinarians? ()yes ()no

How would you describe your household activity level:
()very quiet ()rather easygoing ()usually something going on ()lots of activity

Have you ever been accused or convicted of animal neglect, abuse, or cruelty?
()yes ()no

Please add any other information you think would assist us in helping you select a dog:

Signature:

Date: _____
