

Email or fax to: 866-402-7524



Dog Adoption Application

Desired Dog's Name: _____

Applicant's Last Name: _____

Please fill out application entirely. If the question does not apply and it is a required field, then put "N/A".

Applicant/Co-Applicant Information

First name _____ Last name _____ Birth Date _____

First name _____ Last name _____ Birth Date _____

Street Address _____

City _____, State _____ Zip code _____

Phone Contacts _____ (Home) _____ (Cell)

Email _____

How long have you lived at this address? _____ [] OWN, [] RENT

Landlord's/Condo board's name/email/phone: _____

Family/Household Information

Number of adults in the household: _____ Relationships: _____

Have all the adults in the household agreed to this adoption? [] Yes [] No

Number of children in the household: _____ Ages of children: _____

Have the children had pets before? [] Yes [] No

Is anyone in the household allergic to pets? [] Yes [] No *Who? _____

Is anyone afraid of dogs? [] Yes [] No (if yes), Which family member fears dogs _____

Why does the fear exist? _____

Why would you like to adopt an animal from us? (Check all that apply)

- Companion for self
- Gift
- Companion for child
- Watch dog
- Companion for another pet
- Companion for another household member

Employment Information

*Employer: _____ Position held: _____

Address _____

How long have you been with this employer? _____

Work Phone: _____ Supervisors name _____

Personal Reference Information

Please provide a personal reference other than a family member

*Name: _____ *Phone Number: _____

Email: _____

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them

Have you had or currently have a pet(s) Yes No

Name _____ Breed _____ Age _____ Gender _____ Altered Yes, No

Where are they now? _____

Have you ever given an animal away or relinquished an animal to a shelter? Yes No

*If yes, what were the circumstances? _____

Do you currently have a Veterinarian? Yes No (If yes, below is required).

Veterinarian Information

Veterinarian's Name: _____ Veterinarian's Phone: _____

When was your current pet's last visit to a veterinarian and why? _____

About the Dog you want to adopt

How long have you been looking for a pet? _____

What will you feed your new pet? _____

How often will you feed your new pet? _____

How much time are you prepared to allow for your new pet to adjust to your home? _____

Are you able to afford a bill of \$200-\$400 (or more) for emergency veterinary care? Yes No

How much do you expect to spend on maintenance for your pet each year (Food + Vet bills) \$ _____

Are you committed to providing a responsible home for your pet's entire life (15+ years)? Yes No

If you have to move, what do you plan to do with your pet(s)? _____

Who in the household will be the dog's primary care giver? _____

Where will the dog be kept during the day? _____ During the night? _____

How many times per day do you plan to take your dog outside? _____

Do you have a fenced in yard []Yes [] No (if No) How will you contain the dog? _____

What type of fence, how high and yard size? _____

Do you have a local Dog Park or field to exercise your dog? []Yes [] No / Where _____

How many hours a day will your dog be left alone? _____ Where _____

What would you do if your dog develops a problem with:

*Digging: _____

*Barking: _____

*Chewing: _____

*Aggression: _____

*Soiling in the house: _____

*Growling and guarding food/toys: _____

Applicants Notes: What would you like us to know about your situation?

I, _____ certify that the information given is true.
I understand that Longshot Dog Farm & Rescue reserves the right to deny my application for any reason.
I further authorize the investigation of all statements in this application



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