

Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Drivers License #: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing NSK9 to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines?

Are these pets spayed/neutered? If not..why?

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

What methods will you use to correct your dog for behaviors you find inappropriate?

Will you be able to keep your dog socialized through exposure to other socialized dogs? (Choose one Yes No

If yes, please describe where and how.

Do you agree to license this dog as required by city law? Yes No

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name:

Clinic Name:

Clinic Address:

Clinic Phone:

(Providing NSK9 with this information you are allowing NSK9 to call your vet. Please call your vet and ask them to authorize the release of information to NSK9.)

About the Dog You Wish to Adopt

What is your idea of an ideal dog and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog
 dog that needs regular medication dog that needs training
 dog that needs grooming None of these

Where will the dog spend the day? (describe)

Where will the dog spend the night? (describe)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

Do you have a yard? (Choose one) Yes No
If Yes, Please describe (including Type and Height of fence):

Do you agree to contact NSK9 if you can no longer keep this dog? Yes No

Are you be willing to let a representative of NSK9 visit your home by appointment?
 Yes No

How did you hear about NSK9? _____

Would you be interested in fostering? Yes No Would like to know more

Personal References

Please list someone who is familiar with both you and your pets.

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)