



Please Print



DOG/PUPPY ADOPTION APPLICATION

*Each animal in trouble matters - every one counts.
Caring For Creatures is helping, one animal, one
person at a time.*

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 us 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

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 watch-dog ____ Interested in breeding ____ Other: _____

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:

Have you ever bred dogs? ()yes ()no

Are your existing animal companions spayed/neutered? ()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: _____

Please return application to:

Caring For Creatures

352 Sanctuary Lane

Palmyra, VA 22963

Applications may be faxed to the Sanctuary at: (434) 842-1308

www.caringforcreatures.com