



# Dog Adoption Application Form

## Your Contact Information

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Address (inc. house #, street, city, state, & zip code)

How long at this address: \_\_\_\_\_ If less than five (5) years, please provide previous address:

\_\_\_\_\_  
Previous address (inc. house #, street, city, state, & zip code)

Daytime Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Family & Housing

How many other adults live in this household? \_\_\_\_\_ (List below, use a separate sheet if necessary).

\_\_\_\_\_  
Spouse/Partner/Significant Other: First Name M.I. Last Name

\_\_\_\_\_  
Other Adult: First Name M.I. Last Name Relationship to You

\_\_\_\_\_  
Other Adult: First Name M.I. Last Name Relationship to You

\_\_\_\_\_  
Other Adult: First Name M.I. Last Name Relationship to You

How many children (ages)? \_\_\_\_\_

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

Please describe your household: \_\_\_\_\_ Active \_\_\_\_\_ Calm \_\_\_\_\_ Noisy \_\_\_\_\_ Quiet

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

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

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Landlord's Name	Landlord's Telephone Number
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*(By providing this information, you are allowing BD&CR 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? \_\_\_\_\_

Do you have time to provide adequate love and attention? \_\_\_\_\_

**Other Pets**

What other pets do you have? Please specify type (i.e., dog/cat/rodents/reptiles/birds/other), male or female, and est. age below (use a separate sheet if necessary):

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Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not, why? \_\_\_\_\_

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

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

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Have you ever lost a pet to an accident? \_\_\_\_\_

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How do you discipline your pets, when, and why? \_\_\_\_\_

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**Veterinarian**

Do you have a regular veterinarian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

*(By providing BD&CR with this information, you are allowing BD&CR to call your vet.  
Please call your vet and ask them to authorize the release of information to BD&CR.)*

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

**About the Dog You Wish to Adopt**

Name(s) of the BD&CR dog(s) you're interested in:

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

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

Estimated number of hours the dog will spend alone per day: \_\_\_\_\_

Where will the dog spend the day? (describe) \_\_\_\_\_

Where will the dog spend the night? (describe) \_\_\_\_\_

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

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to keep the dog as an indoor dog? \_\_\_\_\_ Yes \_\_\_\_\_ No Fenced yard? \_\_\_\_\_

When the dog goes out, how do you plan to supervise it? \_\_\_\_\_

Are you willing to participate in professional dog training classes within 120 days of adoption?

\_\_\_\_\_ Yes \_\_\_\_\_ No If no, why? \_\_\_\_\_

Who will you use or where will you take the dog for training? \_\_\_\_\_

Do you agree to contact BD&CR if you can no longer keep this dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you allow a representative of BD&CR visit your home by appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about BD&CR? \_\_\_\_\_

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

**References** (Please list people who are familiar with both you & your pets, but who are NOT family members)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship (neighbor, friend, coworker, etc.): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship (neighbor, friend, coworker, etc.): \_\_\_\_\_

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Return this completed application to Black Dogs & Company Rescue, Inc.

Via email: [rescueblackdogs@yahoo.com](mailto:rescueblackdogs@yahoo.com) (don't forget to attach the saved file to your e-mail)

Via postal service: P.O. Box 84, Darlington, MD 21034

Please Note: Black Dogs & Company Rescue, Inc. reserves the right to decline or not accept any application based on the information we've received or are given during the approval process and up to signing the adoption contract, with no explanation to the applicant. Information received during the approval process is considered confidential. The right to decline an adoption is at the sole discretion of Black Dogs & Company Rescue, Inc. and/or Black Dogs & Company Rescue Inc.'s representatives.