

A Great Dog Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Employer: _____

How long employed there? _____

Home Address: _____

City, State, Zip Code: _____

How long at this address: _____

Phone Numbers: _____

Email address: _____

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 Agreatdog 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 attention to this dog's needs? _____

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

Who will have financial responsibility for this dog? _____

If a Vet diagnosed a condition that would cost over \$150 to treat, what would you do?

Do you believe in a natural holistic treatment for you pet? _____

Are you aware of new research on raising a puppy that may extend its life? _____

Would you be proactive and make yourself aware of this research for the benefit of your puppy? _____

Have you viewed the video the video on Dog Food Nutrition exposing the health risks of dry commercial pet foods? _____

<http://www.agreatdog.com/askrudyfaq/dogfoodnutrition.html>

Have you viewed the video on spaying and neutering your pet and the health risks associated with this? _____

<http://www.agreatdog.com/adoptionpolicy/neuteringyourpet.html>

Have you viewed the video of dangers of pet over vaccination? _____

<http://www.agreatdog.com/adoptionpolicy/truthaboutvaccinations.html>

Other Pets

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

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? _____

How do you discipline your pets and why? _____

When you dog goes out, how do you plan to supervise it? _____

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

When the dog goes out, how do you plan to supervise it? Do you have a Fenced yard?

(Please include a picture of fenced yard and home where dog will be kept)

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

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

Are you aware of and willing to fulfill the dog's needs as a pack animal? _____

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

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

How did you hear about AGD? _____

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)