



Providence Animal Control

DOG Adoption Application



Log # _____ Cage #: _____ Sex: _____ Today's Date: _____

Breed: _____ Color: _____

APPLICATION DOES NOT GUARANTEE APPROVAL

Name of Primary Caretaker/Legal Owner: _____

Age: _____ Occupation: _____

Cell phone: _____ Work phone: _____

Address where pet will reside: _____

City: _____ State: _____ Zip code: _____

1) Please list everyone who will live with, care for or frequently visit this pet:

Gender	Age	Will live with dog	Will visit	Will care for	Has met this dog
M / F					
M / F					
M / F					
M / F					
M / F					

2) Please describe your living situation: (circle answer)

A) Single-family home Multi-family home Apartment Condo Duplex Dorm

B) Homeowner Renter Live with parents

3) How long have you lived at the above address? _____

4) Homeowner/Landlord Name: _____ Phone #: _____
(If you rent, a notarized letter of permission for THIS particular dog is required.)

5) How do you plan to exercise this dog? (circle all that apply)

Backyard play Leash walks Dog park Off-leash runs Doggie day care

Hiking Swimming Running Biking Other: _____

6) Please describe your neighborhood: Rural City Quiet Noisy Busy street

7) Area of yard available to dog (approx. sq. ft. or dimensions): _____

8) Is the yard completely fenced? (Yes / No) Height: _____ Stockade / Link / Invisible

9) Average number of hrs. dog will be home without people: _____ hrs. _____ days per wk

10) Where will the dog be kept when you are not home (ex. Work, outings)? (circle answer)

Loose in house Crate Confined to room/area of house Finished basement Unfinished basement

Outdoor kennel Garage/Shed Runner Fenced yard Tied in yard Other: _____

11) Where will the dog be kept at night? (circle answer)

Loose in house Crate Confined to room/area of house Finished basement Unfinished basement

Outdoor kennel Garage/Shed Runner Fenced yard Tied in yard Other: _____

12) Please describe all animals this dog will live with or frequently visit:

Species	Breed(s)	Age	Sex	Spayed/Neutered	Live together	Visit frequently

13) Please describe any past dogs you have owned:

Breed/Mixes	Spayed/Neutered	Age	Yrs. Owned	Where is dog now?

14) List any past veterinarians or veterinary clinics you took your pets to:

15) Does anyone in your home have dog allergies? (Yes / No / Unsure)

The information I have provided is accurate and true to the best of my knowledge and I authorize Providence Animal Control to verify any information I provided. It is in my understanding that any false information will result in adoption refusal. I understand Providence Animal Control may refuse any adoption.

Print Applicant Name

Applicant Signature

STAFF USE ONLY

Approved by: _____ Date: _____

Denied by: _____ Reason for denial: _____