



Dog Adoption Application

Providence Animal Care & Control Center

STAFF USE ONLY

Animal Log #: _____

Cage #: _____

Breed: _____

Color: _____

Sex: _____

APPLICATION DOES NOT GUARANTEE ADOPTION

Date: _____

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 dog(s):

| Name | Gender | Age | Will live with dog? | Will visit dog? | Will care for dog? | Has met dog? |
|------|--------|-----|---------------------|-----------------|--------------------|--------------|
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2. Please describe your living situation (please circle):

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

Homeowner Renter Live with parents

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

4. Homeowner/Landlord Name: _____ **Phone:** _____

(If you rent, a notarized letter of permission for THIS specific dog is required.)

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

Backyard play Leashed walks Dog park Off-leash runs Hiking
 Doggie day care Swimming Biking Unsure
 Other: _____

6. Please describe your neighborhood (please circle):

Rural City Quiet Noisy Busy Street

7. Yard area available to dog (approximate sq. ft. or dimensions): _____

8. Is the yard completely fenced? Yes No
 Height: _____ Type: Stockade Link Invisible

9. Average time dog will be home without people: _____ hours _____ days per week

10. Where will dog be kept when you are not home? Loose in house Crate
 Finished basement Unfinished basement Confined to room/area of home
 Outdoor kennel Garage/shed Fenced yard Tied in yard
 Runner Other: _____

11. Where will dog be kept at night? Loose in house Crate
 Finished basement Unfinished basement Confined to room/area of home
 Outdoor kennel Garage/shed Fenced yard Tied in yard
 Runner Other: _____

12. What will you do if you move, or if you can no longer care for this dog?

13. Please describe all animals this dog will live with or frequently visit:

| Species | Breed | Age | Gender | Spayed / neutered? | Live together? | Frequently visit? |
|---------|-------|-----|--------|--------------------|----------------|-------------------|
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14. Please describe any past dogs you have owned:

| Breed | Age | Gender | Spayed / neutered? | Years owned? | Where is dog now? |
|-------|-----|--------|--------------------|--------------|-------------------|
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15. List any past veterinarians or veterinary clinics you took your pet to:

16. Please share any additional information you would like us to know (optional):

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 provided. It is my understanding that false information will result in adoption refusal. I understand Providence Animal Control may refuse any adoption.

Applicant Name (printed)

Applicant Signature

STAFF USE ONLY

Approved By: _____

Date: _____

Denied By: _____

Reason for Denial: _____

Notes: