



# 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	Relation	Age	Will live with dog?	Will visit dog?	Will care for dog?	Has met dog?

**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 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?

**14. Please describe any past pets you have owned or cared for:**

Breed	Age	Gender	Spayed / neutered?	Years owned?	Where is the pet now?

**15. List any past veterinarians or veterinary clinics you took your pet to:**

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**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**

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Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Notes: