

## **Dog Adoption Application**

After completing this form, please call us at **650-328-0474** and we will let you know where to mail it for the fastest processing.

Please answer as completely as possible. Feel free to attach additional pages for longer answers. Complete information helps us make the best match so you and your new pet have the best possible experience.

YOUR CONTACT INFORMATION								
Last name		First name			Email			
Address					Daytime phone			
City		State	Zip code		Evening phone			
YOUR NEW PET								
Why do you want a dog or puppy?								
Describe the dog or puppy you are looking for:								
Preferred age range(s):	Coat length(s):		Sex:		List any breed preferences:			
☐ Puppy (< 6 months)	☐ Short		☐ Male					
☐ Young (6 mos - 2 yrs)	☐ Medium/rough		☐ Female					
Adult (2 yrs - 7 yrs)	Long		□ № р	reference				
☐ Senior (over 7 yrs)	☐ No preference							
Who will be the primary caretaker of the dog?								
How many hours per day will the dog be left alone? Are you able to take this dog to work?   Yes No								
How much time each day will you be able to spend with your dog?								
Do you plan to obedience train this dog? 🗌 Yes, with a professional 💮 Yes, will train myself 💮 No								
Would you agree to mandatory training as a condition of adoption?   Yes No (see note at the end of this form)								
HOUSEHOLD INFORMATION AND PET HISTORY								
Where would this dog be living?								
	☐ Indoo	or / outdoor	☐ Garaç	ge or barn				
How many of each currently live in your home? Please list ages for cats, dogs, and children.								
Adults Children Cats _				Dogs	Other animals			
ages ages ages								
Does anyone in your household have dog allergies?   Yes No Whom?								
How does this person plan to manage their allergy?								

## **Companions in Waiting Dog Adoption Application**

HOUSEHOLD INFORMATION AND PET HISTORY CONTINUED								
Have you had pets	s in the past 10 years	? (please describe)						
How long did you	have them?							
If you have had to	give up a pet in the p	oast, please describ	pe the circumstances:					
Are your current p	ets spayed/neutered?	☐ Yes ☐ No	If no, why not?					
Where do your cui	· —	ndoor only ndoor / outdoor	☐ Outdoor only ☐ Garage or barn	Other (describe)				
Is your yard securely fenced? Yes No Height of fence at lowest point: Fence material:								
Name of the veter	inarian you use:	one number:						
May we call your vet for a reference? Yes No Are your pets current on their vaccinations? Yes No								
Date of your last visit? Reason for visit:								
Do you rent or own your home? Own Rent How long have you lived there?								
	home, you will need to signionsInWaiting.org/adopt/p		or Renters before an adoption car	n be finalized. A copy may be downloaded				
PET OWNERSHI	IP AND FUTURE PI	LANNING						
,	e, what would you do	, ·						
What kind of respo	onsibility do you feel p	oet guardianship in	ivolves?					
edge. Compani	ons in Waiting res	erves the right to	mation is true and cor o refuse any adoption CompanionsInWaiting.c					
Adopter signat	ure:			_ Date:				
Office use only	Date		Approved? Y / N	Initial:				