

## Dog/Puppy Adoption Application

Name of Pet	Date
Name	Spouse
Address	
Town/City State	
Email	
Daytime Phone	Evening Phone
Number of Adults in home? Number of Childr	en in home? Ages:
Does anyone in the household have a pet allergy?	Do all family members want to own a cat?
Do you own or rent? Landlord Contact Info	0
Death at the set Citizens	
Do you currently have any pets? If so describe:_	
Do you have experience with dogs?Describe:	
How many hours/day will your pet be alone?	_ Where will they be?
Where will your pet sleep?	<del> </del>
What sort of training do you plan on providing the dog	g?:
Have you given a pet to a shelter or rescue group in the past? If yes, explain:	
Do you agree to CLAWS adoption fee? Do yo	u have a veterinarian to reference?
References (Veterinarian or two personal)	
Anything else ?	