

**ANIMAL FRIENDS OF NORTH CENTRAL WEST
VIRGINIA (AFNCWV)**

DOG ADOPTION APPLICATION

Dog's Name _____ **A.F.#** _____ **Today's Date** _____

Adopter's Info. _____ Over 60 years old? _____ Under 21 years old?

Name _____ Phone _____

Address _____ Cell Phone _____

_____ Email _____

Household & Additional Information

How long have you lived at this address? _____

Do you: ___ Own ___ Rent ___ Live with parents ___ Live alone

If you rent, what is your landlord's name & phone number?

How many dogs do you currently have? _____

Is this your first dog? ___ Yes ___ No How many other dogs have you had? _____

What happened to these dogs? _____

What other pets do you currently have? Please list them below.

Type of Pet	Breed	Age	Spayed Neutered	Length of Ownership	Date Last Vet Checked
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Why do you want this dog? _____

Will this dog live ___ indoors or ___ outdoors? If indoor, will it have outdoor access? ___ If so, what type of access? _____

How many hours per day will this dog be alone? _____

Will you crate this dog? ___ If so, for how many hours per day? _____

Are you familiar with crate training? _____

How will you exercise your dog? _____

If this dog needs to be housetrained, will you train it? _____

What will you do with this dog if for any reason you can no longer keep it? _____

Please list all the human members of your household below.

Name	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who is/was your veterinarian? _____

For how long? _____ Telephone number _____

Street Address _____

City _____ State _____ Zip _____

Are you financially prepared to give this dog BOTH routine and emergency medical care? ___ Yes ___ No If no, what are your limitations? _____

Would you **object** to a **visit** or **call** from us to see how you and your new dog are doing? ___ Yes ___ No If yes, why? _____

How will you be sure that your dog does not wander from your property? _____

Do you have a fenced yard? ___ Yes ___ No If so, how high? _____

What will you do if your dog chews furniture or shows other destructive behavior? _____

Are you familiar with feeding requirements for a dog/puppy? ___ Yes ___ No

Are you willing to take the dog to training classes? ___ Yes ___ No

My signature certifies the above information is true and correct.

Adopter Date

It is the right of AFNCWV to refuse adoption to anyone for any reason.

Application Reviewed By: _____

Application ___ Approved ___ Denied ___ Date