



ECBS DOG ADOPTION APPLICATION

Date _____
Interested in: _____
OR: _____
counselor: _____

Name: _____ Phone: _____
Address: _____ Cell: _____
City: _____ State: _____ Zip: _____ E-Mail: _____

You may be surprised to find adopting a pet is more involved than you would expect. It is important to understand that the process is the same for everyone and it is not our intent to frustrate adopters. Everything we do is for the best interest of the animals in our care and is aimed at giving them a second chance at finding a permanent home. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle. The shelter reserves the right to refuse adoption to anyone.

How long have you lived at this address? _____ House _____ Apartment _____ Other(explain) _____ Own/Rent (circle)
If you rent, does your renters agreement allow pets? Y/N Have you check with your landlord? Y/N

****COUNSELOR – ADVISE APPLICANT THAT IT'S THEIR RESPONSIBILITY TO CHECK WITH LANDLORD REGARDING PETS****

Moving anytime soon? Y/N When: _____ Where: _____
#Adults in Home _____ # of Children _____ (Ages of children) _____ Activities/Sports involved in _____
Employment: _____ # Years Employed? _____
Full-Time? _____ Part-Time? _____ Daytime _____ Evenings _____ Nights _____ Weekends _____
Spouse/Partner Employment? _____ # Years Employed? _____
Meet significant other: _____ How long have they been together? _____
Are you over 21? Y N Are you a student? Y N Are you open to a home visit? Y N
For whom are you adopting this pet? Self _____ Children _____ Family _____ Gift _____ Other _____
Do any household members have allergies to dogs? Y N Who? _____
Who will be primarily responsible for the care and supervision of this pet? _____
How many hours will your pet spend alone without human companionship? _____
Who will care for this pet in the event of an emergency or you go on vacation? _____
Where will this pet be kept while alone? _____ Where will this dog be kept during the day? _____ Night? _____
Will this dog be kept inside? Y N What rooms? _____ Outside? Y N Where? _____
How will you prevent him/her from going into certain areas of the house? _____
How will you keep this dog confined to your property? _____
Have you ever had to give up a pet for any reason? Y N (if yes, please explain) _____
As an adult, have you ever owned a dog? Y/N
Ever have a pet hit by a car? Y/N (if yes, please explain) _____ If yes, how will you prevent this from happening again? _____
Do you need to introduce a current cat or dog to this dog? Y N

IF APPLICANT CURRENTLY HAS A DOG, SET A TIME FOR A MEET AND GREET.

Have you ever adopted from a shelter? Y/N Where? _____ When? _____
Do you currently or do you plan to provide any kind of daycare for children? Y N
First Dog? Y N Looking for: (circle one) Baby Adult Old Needy
Activity level: (circle one) Calm Obedient Playful Hyper Someone to Train
Is hair a concern for you and for your home? (Circle one) BIG Concern Possible Concern No Concern
Do you use flea protection on pets? Y/N explain _____
Discuss the dog's characteristics, as it appears in the shelter _____
Will family/friends come to visit with their pets? _____

***Counselor: Explain proper procedures in introducing this pet to other pets that come to their home.**

PLEASE LIST THE PETS YOU HAVE HAD IN THE PAST 5 YEARS (both current and past pets)

Name	Breed	Years Owned	Altered	Pet current--- health, age	Pet past --what happened?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are all of your current pets up to date with rabies vaccinations? Y/N (if No, please explain) _____

Can you provide proof of rabies for your current pets? Y/ N (if NO, please explain) _____

Are you aware that all dogs and cats over 3 months of age are required to have a current rabies vaccination? Y/N

COUNSELOR; DISCUSS RABIES LAW WITH APPLICANT AND ALSO DISCUSS OTHER VACCINES NECESSARY FOR GOOD HEALTH

Veterinarian's Name: _____ Phone: _____

I hereby agree that all the information stated is true

Signature: _____ Date: _____

Valuable Suggestions:

- Discuss Breed Characteristics (did they do their research?)
- Discuss crate training
- Discuss obedience training
- Advise that dogs require time to adjust to the home and new environment and schedules
- Advise that ID and License need to be on dog at all times
- Advise that our dogs are microchipped and they can apply for a lifetime license through their local courthouse.
- Feeding schedule, keep children away while eating
- Proper procedure for introducing visiting pets or on outings

Counselor's Concerns & Comments: _____

Approved: _____

Denied: _____ (Reason) _____