

DOG ADOPTION APPLICATION

Our Companions Domestic Animal Sanctuary (860) 242-9999

Adoptive Pet's Name _____

Our Companions Contact _____

Our Companions is a nonprofit organization that provides services to assists pet owners re-home their pets. Our goal is to prevent animals from ending up in shelters. Please note: The pet you are applying for may not be legally owned by Our Companions and the adoption may be subject to the owner's discretion. Our Companions role is often to assist with the adoption between two private parties. The below adoption application is designed to help us best select the most appropriate and compatible home for the pet. We ask that you fill out both sides of this application completely and return it to your case counselor. We thank you.

PLEASE PRINT		APPLICANT INFORMATION	
Last Name	First	Middle	Date of Application
Home Address			
City		State	Zip Code
Home Phone Number ()	Your Occupation	Business Phone ()	Email
Name of additional responsible adult in household	Occupation	Business Phone ()	

Check ✓		HOUSEHOLD INFORMATION	
<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> House <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Apartment <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Condo
Landlord's Name		Landlord's Phone Number ()	
How many adults in your household?	Children?	Ages of children:	
Are any members of your household allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a securely fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No Fence Height ft			
If not , are you willing to: Install a fence? <input type="checkbox"/> Y Install a pen? <input type="checkbox"/> Y Install a run? <input type="checkbox"/> Y Leash Walk? <input type="checkbox"/> Y			

OTHER PETS					
List pets that you own, or have owned, in the past 5 years:					
Type of Animal	Name	Age	Sex	Spayed or Neutered?	Still own? (if no please explain)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you currently own a dog(s), are they on heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No					

VETERINARIAN INFORMATION		
Name of your Veterinarian	Name of clinic or hospital	
City	State	Phone Number ()

Is there a particular dog that you are interested in? Name of Dog

Other Preferences - Type or Breed:

Age: Puppy (under 1 yr) Adult (over 1 yr) Sex: Male Female Size/Weight :

Characteristics:

☞ PLEASE CONTINUE ON TO THE NEXT PAGE ☜

Our Companions Domestic Animal Sanctuary (860) 242-9999

Applicant Information Form

PLEASE BE SPECIFIC WHEN ANSWERING THE FOLLOWING QUESTIONS.

1. If adopting a puppy, where will the puppy be primarily kept?
 2. When fully grown, where will the dog be kept during the day?
 3. Where will the dog sleep at night?
 4. How many hours per day will the dog be without human companionship? *Hrs*
 5. Where will the dog be kept during this time?
-
-

6. Do you understand why we require that our adopted dogs be spayed or neutered? Yes No
7. How much would you estimate expenses to be for 1 year? Supplies \$ Vet \$
8. Who is the dog for? Self Family Child Gift
9. Purpose for the dog? Companion Companion for another pet Watchdog
 Other (explain)
10. Please explain why you want to adopt a dog.
11. Do you have any other questions or concerns?
12. How did you hear about Our Companions Domestic Animal Sanctuary?

Thank you for taking the time to complete this application.