



# DOG ADOPTION APPLICATION

Completion of this application does not guarantee placement of an animal with the applicant. SOAR animals are assessed for placement with the home that best fits the animal's needs.

NAME (First, Middle, Last): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS (Physical): \_\_\_\_\_ STATE: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

MAILING ADDRESS (If different): \_\_\_\_\_

SPOUSE/PARTNER(S) NAME: \_\_\_\_\_

### MY CURRENT LIVING ARRANGEMENTS ARE:

- I own my own home: House, Condo, Duplex, Mobile/land, Mobile in Park
- Live with home owner: Do they know you are getting a pet? Yes \_\_\_ No \_\_\_
- Rent: Apartment, House, Condo, Duplex, Mobile Home, Dorm  
Name of Landlord and Phone #: \_\_\_\_\_

PLEASE LIST ALL THE PETS YOU CURRENTLY OWN OR HAVE OWNED IN THE LAST FIVE YEARS:

NAME	BREED/TYPE	AGE	SEX	SPAYED/ NEUTERED	STILL OWN	KEPT WHERE	IF NO, WHAT HAPPENED TO THIS PET

Name of your current Veterinarian or Clinic: \_\_\_\_\_

Does anyone in your family have allergies to animals? \_\_\_\_\_

Have you ever brought an animal(s) to an animal shelter: Yes \_\_\_ No \_\_\_ Why? \_\_\_\_\_

How many children are in the home? \_\_\_\_\_ Their ages? \_\_\_\_\_

I am 21 years of age. I certify that the information given is true. I authorize SOAR to contact veterinarian(s) and landlord(s) to investigate all statements in this application and to do follow-up property checks. I have read and understand the SOAR Adoption process:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow up by SOAR only:

<b>SOAR USE ONLY:</b>
Date: _____ ID: _____
Adoption Counselor: _____
Landlord Approval: _____
Vet Records Check: _____
Approved Date: _____
DNP: Not on DNP _____ on DNP _____

# DOG ADOPTER SURVEY

## MYM MEET YOUR MATCH

Circle you answers

1. I have owned a dog before	Yes	No		
2. The last time I owned a dog was..	Currently own	2-10 years ago	10+	
	Not currently but within the last year			
3. My dog needs to get along with other dogs	Yes	No	If yes please list name, age, gender and breeds	
4. My dog needs to get along with: (circle all that apply)	Children under 8	Children over 8	Cats	
		Elderly People	Animal other than Cats and Dogs	
5. My dog will primarily be an...	Inside Dog		Outside Dog	
6. How many hours a day will your dog spend outside			_____	hours
7. My dog needs to be able to be along(hours per day)	4 hours or less	4-8 hours	8-10 hours	2 hours or less 12 hours
8. When I'm at home I want my dog to be by my side...	All the time	Some of the time	Little of the time	
9. When I am not home, my dog spend their time	In the garage	In the yard	Loose in the house	
	In a crate in the house		Confined to one room	
10. I want a guard dog	Yes	No		
11. I want my dog to hunt or herd with me	Yes	No		
12. I want my dog to be the type that is very enthusiastic in the way she shows she loves people	Not at all	Somewhat	Very	
13. I want my dog to be playful	Not at all	Somewhat	Very	
14. I want my dog to be laid back	Not at all	Somewhat	Very	
15. I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash.	No training	Some training	A lot of training	
16. I(or my children) want to participate in Agility, Flyball, or Obedience with our dog.		No	Yes	
17. I am interested in a "special needs" dog(medical or behavioral)		No	Yes	
18. It is important to me that my dog is _____				