

Dog Adoption Application

Thank you for your application to adopt a dog or puppy from Los Banos Volunteer for Animals (LBVA). LBVA will review this application before releasing any animal to a new home. The following questions will help us place animals that match both the adopter's and animal's needs. LBVA reserves the right to decline the adoption for any reason.

Type of dog requested: Dog (over 6 months old) Puppy (under 6 months old)

Case #: _____ Dog's Name: _____ Date: _____

Reason for adopting: Gift for: _____ Companion for: _____

Watch/Guard dog Breeding Hunting Herding Other: _____

Personal Information

Are you at least 21 years old: Yes No Are you currently a student? Yes No If yes, fulltime part time

Name: _____ Phone Number: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

How long have you been at this address: _____

Permanent Address: _____ City/State/Zip: _____

Driver's License #: _____ State: _____

Cell Phone: _____ Email address: _____

Residence & Family Information

List ALL residents in your home (including yourself):

Name	Email	Age	Relationship To You

Has everyone in the household met the dog? Yes No

Is everyone in the household willing to make a lifetime commitment to the new dog? Yes No

If not, why? _____

Do you have children in (not listed above), or frequently visiting your home? No Yes – Ages: _____

Have the children been introduced to the dog? Yes No Have the kids previously been around dogs? Yes No

Do you plan on leaving the child along with the dog? Yes No

Does anyone in the home have allergies? Yes No What kind of allergies? _____

I live in a: home apartment condo mobile home That I: own rent live with parents

If you rent, do you have your landlord's permission to have/own a dog? Yes No

Landlord's Name and Phone #: _____

Do you have a yard? Yes No If yes, how big is the yard? _____

How will you confine the dog to your property? fenced yard – fence height: _____ tied outside in the house

dog run Other: _____

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Pet Information/ History/Preferences

Do you currently have other pets in the home? Yes No If yes, please list all pets here:

Species	Breed	Age	Sex	Spayed/Neutered	Kept
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside

Have you ever owned dogs that you no longer own? Yes No

If so, please give a brief description of what happened to the dog: _____

Have you ever given up a dog? Yes No If so, why? _____

Have you ever adopted an animal from LBVA before? Yes No If so, do you still have it? Yes No

If not, why? _____

How long do you usually keep a pet? _____

Have you ever given up an animal due to moving? Yes No If yes, please explain: _____

What pets have you owned in the last 5 years that you do not currently own?

Species	Breed	Age	Sex	Spayed/Neutered	Kept
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
How long did you own this pet?		What happened to this pet?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
How long did you own this pet?		What happened to this pet?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
How long did you own this pet?		What happened to this pet?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
How long did you own this pet?		What happened to this pet?			

Do you own livestock animals? Yes No If yes, please describe: _____

Have you ever taken a dog through obedience classes? Yes No

Would you be willing to take this dog through obedience classes? Yes No

If you have owned a dog previously, how did you train it? _____

Do you have a certain type of dog in mind? Yes No If yes, please describe: _____

What personality traits are you looking for in a dog? _____

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In the past, what behavior problems have you experience with companion animals and how did you solve them?

How many hours each day will the dog be left alone? _____ Where will the dog be kept when alone? _____

Where will the dog be when you are home? _____ Where will the dog sleep at night? _____

Availability to exercise the dog:

- | | |
|---|--|
| <input type="checkbox"/> Minimal exercise during the week, lots on weekends | <input type="checkbox"/> Would go running with me _____ miles per day. |
| <input type="checkbox"/> Long morning and evening walks | <input type="checkbox"/> Three 15 minute walks per day |
| <input type="checkbox"/> Not much walking, let the dog run free in the yard | <input type="checkbox"/> Little to no exercise |
| <input type="checkbox"/> Other: _____ | |
-

What, if any, of the following reasons would cause you to give up your dog:

- | | |
|---|---|
| <input type="checkbox"/> Digging | <input type="checkbox"/> Chewing furniture or personal items |
| <input type="checkbox"/> Barking excessively | <input type="checkbox"/> Move to a new home |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Dog becomes too active |
| <input type="checkbox"/> Dog jumps on children/knocks them down | <input type="checkbox"/> Dog nips at children |
| <input type="checkbox"/> Dog does not get along with new puppy/kitten | <input type="checkbox"/> Dog develops health problems |
| <input type="checkbox"/> Dog is too old; expensive to care for | <input type="checkbox"/> The dog smells |
| <input type="checkbox"/> Dog is not house broken | <input type="checkbox"/> Dog escapes yard |
| <input type="checkbox"/> Dog suffers from separation anxiety | <input type="checkbox"/> Not enough time to spend with animals due to job, etc. |

Name of Vet: _____ Vet's Phone #: _____

I understand in order to be considered as an adopter I must:

- Be at least 21 years of age.
- Have a valid driver's license or other government issued ID.
- Have proof of the knowledge and consent of your landlord if renting.
- Be willing and able to provide proper care, training and medical treatment.

I certify that all the information provided in this application (in it's entirety) is true and correct as of the date of submission, and I understand that my application may be denied if false information is given.

I agree that if the dog being adopted does not work out for whatever reason; I will return the dog to LBVA.

I understand that submission of this form does not guarantee I will be approved to adopt a dog from LBVA. I understand this application will be reviewed and evaluated based on what LBVA feels will be the best match for the dog and for myself.

Signed

Date