



**U.S. Canine**  
**Dog Psychology and Behavior Modification**  
[www.uscanine.com](http://www.uscanine.com)  
770.682.5434

## **ADOPTION APPLICATION**

### **PERSONAL INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

### **PERSONAL REFERENCES – LIST THREE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**HOME ENVIRONMENT INFORMATION**

Do you live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Other (name) \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

If renting, do you have your Landlord's permission to have a dog? \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

How many years have you lived at your current address? \_\_\_\_\_

If less than one year, previous address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have a fence? \_\_\_\_\_

Describe the height and type of fence \_\_\_\_\_

How many adults in your home? \_\_\_\_ How many children? \_\_\_\_ Ages \_\_\_\_\_

Is any household member allergic to dogs or dog hair? \_\_\_\_\_

Will you be willing to allow a "U.S. Canine" representative visit your home? \_\_\_\_\_

**ANIMAL OWNERSHIP INFORMATION**

Have you ever been cited by Animal Control? \_\_\_\_\_ Have you ever owned a dog? \_\_\_\_\_

Have you ever owned a rescue dog? \_\_\_\_\_

How was the rescued dog obtained? \_\_\_\_\_

Provide a brief history of past dogs you have owned \_\_\_\_\_

\_\_\_\_\_

What animals are currently in your household?

Pet	Breed	Sex	Age

Name of Your Current Vet \_\_\_\_\_

Name of Vet Clinic \_\_\_\_\_

Phone Number \_\_\_\_\_

Where will the dog spend the day? \_\_\_\_\_

Where will the dog spend the night? \_\_\_\_\_

On average, how many hours of the day will the dog be left alone? \_\_\_\_\_

Will you be enrolling in a training program? \_\_\_\_\_

What type of dog are you looking for? \_\_\_\_\_

Do you prefer male or female? \_\_\_\_\_ Do you have an age preference? \_\_\_\_\_

What hobbies or activities do you and your family participate in? \_\_\_\_\_

How would you describe the energy level of you family? \_\_\_\_\_

Name of Person Applying for Dog \_\_\_\_\_

How did you hear of U.S. Canine? \_\_\_\_\_

State of Georgia regulations require that we record the applicant's driver's license.

DL# \_\_\_\_\_ State \_\_\_\_\_

All of the information I have given in this Adoption Application Form is true and complete. The dog will reside in my home as a pet. I will provide it with food, water, shelter, training and medical care including monthly heartworm prevention and flea prevention. I understand that I must consent to an interview and possible home inspection before the application can proceed, and do so consent by submitting my application. I agree not to sue or take similar action against U.S. Canine in the event my application is not approved for any other reason related to this application. If my application is approved, I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adopt it. I understand that prior to adopting any dog from U.S. Canine; I must sign a mutually acceptable Adoption Certificate and Indemnification Agreement, which form shall be provided by U.S. Canine.

We reserve the right to refuse an applicant in our sole discretion for any reason (including but not limited to if we believe that the home situation is not compatible with the needs of one of our adoption dog).

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_