

Adoption Application



CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Are you a current or former WagsInn customer? Yes _____ No _____

HOUSING

Do you live in a house, condo, apartment, or townhouse? _____

Do you rent or own? _____

If you rent, please provide name and contact information of landlord: _____

Do you have permission from your landlord to adopt a dog? Yes _____ No _____

Are you aware of a pet deposit and month fees if required? Yes _____ No _____

How long have you been at this location? _____

Any plans to move in the next few years? Yes _____ No _____

Do you have a yard? If yes, how big is your yard? _____

If you don't have a yard, where would the dog would go to the bathroom and get exercise?

Do you have a fenced in yard or invisible fence? Yes _____ No _____

Are your dogs supervised while in the yard? Yes _____ No _____

What would you do if you moved to a residence where dogs are not permitted? _____

ABOUT YOUR FAMILY

How many adults live in your home? _____

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How many children live in your home?

What are the ages of the children?

Are the children comfortable with dogs? Yes _____ No _____

If no, please explain: _____

Do you, your partner, spouse, or roommate have a job? Yes _____ No _____

What are your work hours? _____

If gone more than 8 hours would you consider daycare or a dog walker? Yes _____ No _____

How much time will the dog be left alone? _____

When you're not home, where will the dog be kept (crate, kennel, garage)? _____

Do you have other other pets? Yes _____ No _____

If yes, how many? _____

Please list their names, ages, and a description of each pet: _____

Who would be the primary caretaker of the dog? _____

How often do you travel and who would take care of your dog?

(If you rescue a dog from WagsInn you will receive a 10% boarding discount for the rest of your dog's life.)

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LIFESTYLE

Describe your household – quiet, calm, noisy, active, on the go, travel frequently, etc.?

What type of activities do you like to do?

How do you see a dog fitting into your lifestyle? _____

Are you looking for an indoor or outdoor dog? _____

Do you like to run with your dog? Yes _____ No _____ Don't know _____

Do you like to take your dog on leash walks? Yes _____ No _____ Don't know _____

I want my dog to be: *(check all that apply)*

- Playful _____
- Active _____
- Laid back _____
- Couch potato _____
- Quiet _____
- Kid friendly _____
- Dog friendly _____
- Other _____

Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder, or sold it?

Yes _____ No _____

If yes, please explain: _____

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If there was a behavioral issue with your dog besides being aggressive, what steps would you take to correct the behavior? _____

Would you be willing to put in the time to fix the issue? Yes _____ No _____

Would you be willing to commit to a trainer if the need arises? Yes _____ No _____

Please explain: _____

Has your pet ever run away? Yes _____ No _____

If yes, what were the circumstances and outcome? _____

REFERENCES

Please provide names and contact information of two people we may obtain a reference from. They may be a neighbor, WagsInn client or staff member, co-worker, friend, family member, or acquaintance.

Name/relationship: _____ Phone: _____

Name/relationship: _____ Phone: _____

VETERINARY INFORMATION

Veterinary practice name: _____

Name of vet: _____

Address: _____

Phone: _____

AGREEMENT FOR POTENTIAL ADOPTION

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I am prepared to make a 10 to 15 year commitment to my dog.

I agree to take my dog to the vet for regular wellness visits, vaccinations, and treatment.

I am financially prepared to provide care for my dog for his/her lifetime. This can include food, veterinary care, preventative treatment, emergency care, training, boarding, and daycare.

I will not chain or tie-up my dog and leave it alone outside for extended periods of time. My dog will be an important member of my family.

SIGN

I have carefully read and answered each question to the best of my ability. I understand by filling out this application it does not guarantee that I will be chosen as the adoptee.

Print name: _____

Signature: _____

Date: _____

Disclaimer: WagsInn Canine Charities reserves the right to accept or deny any person(s) interested in adoption. The final decision on all adoptions is up to WagsInn Canine Charities.