Adoption Application

(Revised 8-31-14)



Please return form to: Dogs Forever, 809 Rockford Road SW, Cedar Rapids, IA 52404 OR scan and e-mail to info@dogsforever.org. Questions? (319) 320-5522.

Any false statements on this application will disqualify you from adopting a Dogs Forever dog. Please note we only adopt to indoor homes. A home visit is part of the adoption process.

Date: Name (if a couple, then please list both names): Address: City / State / Zip: Home Phone: Cell Phone: E-mail:

- 1) Which dog are you interested in?
- 2) Describe what you are looking for in a dog:
- 3) Where do you live? (house, condo, apartment, mobile home, other)
- 4) Do you own your home or rent?
 - a) If rent landlord's name & phone #:
- 5) Do you have a fenced in yard?
 - a) If yes, describe it:
- 6) How do you plan to exercise your pet?
- 7) How many hours will your dog be alone during a 24-hour period?
- 8) Employer (if a couple, please list both):
- 9) Occupation (if a couple, please list both):
- 10) Can you be contacted at your place of work?
 - a) If yes, provide your work phone number:
- 11) Do you come home for lunch?
- 12) Please list the names of the people in your home, their relationship to you and their ages:
- 13) Are any members of your household allergic to animals?
- 14) Which family member will be the dog's primary caregiver?
- 15) Do you have any cats?
 - a) If yes, please list the name and age of each cat:
 - b) Are your cats kept strictly indoors?
- 16) Are your cats declawed?
- 17) Do you have any dogs?

- a) If yes, please list the name, gender, age and breed for each dog:
- 18) If you have dogs, are they indoors, chained out, in an outdoor kennel, or half & half:
- 19) What brand of food do you currently feed your dog?
- 20) Please list any additional pets in your household
- 21) Are all the animals in your household spayed/neutered?
- 22) Name & phone number of your Veterinarian: Dr.

Phone number:

- 23) Have you ever given up a pet?
 - a) If yes, please explain.
- 24) Please list any pets you have had in the past 10 years that are not already listed on this application.
- 25) Will there be someone home during the daytime?
 - a) If yes, who?
- 26) Type of neighborhood you live in is farm/rural, city, town:

List two personal references here.

1) Name:

Relationship to you Phone:

2) Name:

Relationship to you Phone:

I certify that all the information supplied by me on this form is true.