



# Dog Adoption Application

Thank you for your interest in adopting a dog rescued by LoneWoof Rescue. We want to make certain that every animal adopted goes to a loving home where it will be a member of a family for the rest of their life and well cared for. Because of this, our application asks a number of detailed questions which are necessary for our screening process.

## Two important notes:

- 1) LoneWoof Rescue has **one** location in Sandy Valley, Nevada, and all prospective adopters must live within a **reasonable driving distance** of the shelter.
- 2) A visit to your home is **required** for all pet adoptions. This form must be completed and reviewed prior to the home visit. Any missing answers will be required when we visit your home.

All information will be kept confidential. If you have any questions, please call us at (702) 469-1913 or send a private message on Facebook at [www.facebook.lonewoofrescue.net](http://www.facebook.lonewoofrescue.net).

**Please allow up to a week for processing your application. Thank you!**

Name of dog you are interested in: \_\_\_\_\_

Your full name: \_\_\_\_\_

Your age: \_\_\_\_\_

**NOTE:** You must be at least 21 to adopt from LWR. Proof of age will be required prior to completing adoption.

**NOTE:** A home visit is required for all pet adoptions. Do **not** submit this application unless you can commit to a home visit to complete the application process.

Home address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your place of employment: \_\_\_\_\_

Your work telephone: \_\_\_\_\_

Spouse or partner's name: \_\_\_\_\_

Spouse or partner's work telephone: \_\_\_\_\_

## ABOUT YOUR HOME

Please complete this section for the household in which your dog will reside.

### 1. Type of residence

- House                       Condo                       Apartment
- Mobile Home                 Other: \_\_\_\_\_

2. Do you  Own     Rent     Live w/parents     Other: \_\_\_\_\_

3. If you are a renter or live in a condo, does your landlord/association allow dogs?

Yes  No

Name of Landlord or Condo Association: \_\_\_\_\_

Phone number: \_\_\_\_\_

4. How long have you lived at this address:

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

How many times have you moved in the past five years?

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

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## **ABOUT YOUR FAMILY**

1. How many adults live in this household?

How many children live in this household?

Ages of children in this in household?

Number of children who visit?

Ages of children who visit?

2. Are all members of your household in agreement about adopting a dog?  Yes  No

2a. Is anyone in your household nervous or unsure around dogs?  Yes  No

3. For whom would you be adopting this dog? \_\_\_\_\_

4. Who will be the primary caregiver for this animal? \_\_\_\_\_

5. Who will be financially responsible for this animal? \_\_\_\_\_

6. Do any members of your household have asthma, or have allergies to dogs?  Yes  No  
If yes, who? \_\_\_\_\_

7. Describe your household activity/noise level: \_\_\_\_\_

8. How often do you travel? \_\_\_\_\_

How will you care for your dog when you are away from home?

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9. In the event of an emergency, who would care for your dog or what arrangements would you make?

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10. For how many hours would the dog be alone during the day ?

*(please consider what time you leave for work and what time you return home)*

\_\_\_\_\_

## **ABOUT YOUR CURRENT PET(S)**

Name	Species/Breed	Age	Gender	Spayed/ Neutered	Had how long?	Up-to-date on vaccs?

1. If you have a cat, does it get along with dogs?  Yes  No
2. If you have a cat, is it declawed?  Yes  No
3. If you have a dog, does it get along with other dogs?  Yes  No
4. What veterinary hospital do your animals go to? \_\_\_\_\_  
 May we call to verify vaccinations and spay/neuter status?  Yes  No
5. Are you experiencing any difficulties with your current pets in terms of health or behavior?  
 Yes  No  
 If yes, please describe:  
 \_\_\_\_\_

## **PET HISTORY**

1. Have all of your family members been around dogs?  Yes  No
2. Have you had the experience of being primary caregiver to a dog?  Yes  No
3. 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
4. Have you ever had a pet for a short period of time and it didn't work out?  Yes  No
5. Have you ever had an animal lost or stolen?  Yes  No
6. Have you ever had to retrieve your animal from a pound, shelter or animal control facility?  
 Yes  No
7. Have you ever had an animal die as the result of being hit by a car, being poisoned or from unknown causes?  Yes  No
8. Have you had a dog that gave birth?  Yes  No
9. Have you previously applied to adopt from LWR?  Yes  No
10. Have you ever adopted from LWR?  Yes  No

**Pets owned over the past 10 years:**

Name	Species/Breed	Spayed/ Neutered	Owned how long?	What happened to this pet?	How long ago?	Vet you used?

**PLANS FOR YOUR NEW PET**

1. Will the dog live:

- Indoors mostly/Outdoors for elimination and exercise       Outdoors only  
 Outdoors mostly/Indoors on occasion       Not sure

2. Where will the dog be when nobody is home?

- Indoors       Outdoors       Either Indoors or Outdoors

3. Do you have a fenced yard?  Yes  No

4. What veterinary practice do you plan to use? \_\_\_\_\_

5. Are you aware that some dogs require a period of weeks or even months to adjust to their new home/enviroment/family/other pets?  Yes  No

6. Are you willing to allow for this adjustment period?

- Yes       No, I prefer a pet who will adjust quickly       Not sure

7. Are you willing to bring your pet to a veterinarian for yearly exams, and for vaccinations per your veterinarian's recommendations?  Yes  No

8. Are you able/willing to pay for emergency care, which could result in a bill of \$200 to \$1,000 or more?  Yes  No

9. Are you able/willing to pay for pet expenses including veterinary care, supplies, toys, boarding/pet sitting, grooming, food, etc.?  Yes  No

10. Are you able to commit to providing a home for a dog for the life of the dog?  Yes  No

11. What circumstances might justify giving up a dog? (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Baby                       | <input type="checkbox"/> Divorce                | <input type="checkbox"/> Dog not getting along with other pets |
| <input type="checkbox"/> Moving                     | <input type="checkbox"/> Allergies              | <input type="checkbox"/> New household member dislikes dog     |
| <input type="checkbox"/> Shedding                   | <input type="checkbox"/> Behavior problems      | <input type="checkbox"/> Housesoiling/urine marking            |
| <input type="checkbox"/> Want to travel             | <input type="checkbox"/> Dog becomes ill        | <input type="checkbox"/> Destructive                           |
| <input type="checkbox"/> None                       | <input type="checkbox"/> Children lost interest | <input type="checkbox"/> Too time consuming                    |
| <input type="checkbox"/> Other <input type="text"/> |   |  |

12. If your dog exhibits behavioral or adjustment issues, would you be willing to seek the advice of a LWR representative?  Yes  No

13. Would you be willing to pay for obedience or behavioral sessions?  Yes  No

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## PREFERENCES

1. I prefer a dog that is:  Small  Medium  Large  Any size

2. Reasons for adopting:  Companionship  Watch dog  Other

3. Energy level preferred:  High  Medium  Low

4. I intend to (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Walk dog on a leash               | <input type="checkbox"/> Walk dog off leash                       |
| <input type="checkbox"/> Bring dog to a dog park           | <input type="checkbox"/> Hunt with the dog                        |
| <input type="checkbox"/> Go jogging or hiking with the dog | <input type="checkbox"/> Let the dog exercise himself in the yard |

5. I prefer a dog who is (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult                 | <input type="checkbox"/> Senior                    | <input type="checkbox"/> Puppy                    |
| <input type="checkbox"/> Male                  | <input type="checkbox"/> Female                    | <input type="checkbox"/> Spayed/Neutered          |
| <input type="checkbox"/> Indoor only           | <input type="checkbox"/> Indoor/outdoor            | <input type="checkbox"/> Outdoor only             |
| <input type="checkbox"/> Mellow/quiet          | <input type="checkbox"/> Lap dog                   | <input type="checkbox"/> Protective               |
| <input type="checkbox"/> Very active/energetic | <input type="checkbox"/> Mainly an outdoor dog     | <input type="checkbox"/> Happy to meet new people |
| <input type="checkbox"/> Hypoallergenic        | <input type="checkbox"/> Likely to be housetrained |   |

6. Breeds/mixes I prefer:

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7. When it comes to relating to dogs, I consider myself:

- Strict, demanding, a strong leader (dog must sit for a cookie and follow my rules)
- Lenient, a little wishy washy, easily coerced by the dog (the dog looks cute so he gets a treat without sitting, can jump on the couch uninvited)
- Somewhere in between

8. My ideal dog would:

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9. Bad doggie habits I cannot tolerate:

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10. Please share with us anything you would like for us to know about the new dog that you would like to add to your family:

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11. Would you be interested in learning about some of our 'special needs' or 'long-term resident' dogs?  Yes  No

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Please provide three personal references:

Name	Relationship	Phone number

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By signing below I certify that:

- the information I have given is accurate
- I understand that LWR has the right to deny any application
- I give permission for a representative of LWR to call the references and veterinary practices I have listed
- I understand that a home visit by a LWR representative is required for every pet adoption application

Signature \_\_\_\_\_

Date \_\_\_\_\_