

Puptown Gal, Inc. ADOPTION APPLICATION



****Please read and review carefully before signing. All fosters must be at least 18 years of age.**

Adopters Name DOB

Phone: HOME CELL WORK

E-mail address

**Preferred Method of Contact Driver's License # & State

Spouse/Partner (if applicable) *DOB*

Phone: *HOME* *CELL* *WORK*

E-mail address

EMERGENCY CONTACT NAME PHONE

DOG INFORMATION: Which dog are you applying for?

Dog's Name _____ Age _____ Breed _____ Color _____

Sex _____ Shelter (if applicable) _____ Medical Issue _____

Vet of choice to be used moving forward _____ Phone _____

**Adoption fees can be paid via PayPal to puptowngalinc@gmail.com, submitted via puptowngal.com "DONATE" tab or checks can be made to Puptown Gal, mailed to P.O. Box 148 Flagler Beach, FL 32136. Adoption fees must be paid prior to taking dog home. Adoption fees should NOT be paid prior to speaking with a Puptown Gal representative upon application approval.

Adopter Background:

Do you work? If so, how long each day? _____

Have you ever rescued a dog? _____

How long will your dog be home alone each day? _____

Why are you interested in adding this dog to your family? _____

Have you ever surrendered a dog? _____

What type of temperament are you looking for in a dog? _____

Is there a specific goal in adopting this dog? (Active/exercise companion, therapy dog, family dog, guard dog, etc...)

Home:

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

Do you own your home? _____

If you rent, are you allowed to have dogs? Please provide landlords contact information.**

Do you have a fenced in yard? _____

Training Details:

Have you ever trained a dog or puppy? _____

Will you walk the dog on a leash? If so, how many times a day? _____

Will the dog be crated? _____

How do you plan to let the dog go outside? _____

What type of collar do you plan to use? _____

Will the dog ever be left outside unattended? _____

Do you have experience welcoming a dog into a home with other dogs or children? (If applicable)

Family Members:

How many people live in your home? (Please list ages of all family members)

Are all family members on-board for the new addition? _____

If you have young children, do you plan to leave them with the dog unsupervised? _____

Pets:

How many pets do you have? (Please list names, ages, breeds & temperament of each)

Do your pets get along with dogs? _____

Are your pets up-to-date on all vetting? _____

Vetting: **Make sure to call your vet and allow them to share your pets info with us!

What vet will you use? (Please note name & contact information)

Are all of your pets at this vet? _____

Are your dogs spayed/neutered? _____

Are your pets on flea & heartworm preventative? (Please list brands)

References:

Please list three references (name, contact info, relationship & years known)

When do you plan to bring this dog home? _____

Are you comfortable bringing this dog to the Puptown Gal vet if medical requests are made post-adoption? (Puppies require a waiting period for spay/neuter, so you may be required to use our vet at a later date for puppy adoptions!)

Additional comments:
