

# ADOPTION APPLICATION

## Basic Information

Name: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

Provide two references that are not members of your immediate family:

Personal reference #1: \_\_\_\_\_ phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ years known: \_\_\_\_\_  
Personal reference #2: \_\_\_\_\_ phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ years known: \_\_\_\_\_

## About Your Home....

Do you live in a(n)?:

☐ House  
☐ Townhouse  
☐ Apartment/ Condo ☐ Other: \_\_\_\_\_

Your home is:

☐ Owned, by you or your spouse/life partner  
☐ Owned, by someone else within the house  
☐ Rented directly from the owner or through a management company  
☐ Rented as a part of a group of roommates  
☐ Other: \_\_\_\_\_

If renting, is your name on the lease? ☐ YES ☐ NO \_\_\_\_\_

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

Landlord's name and phone: \_\_\_\_\_

Are there children in the home? ☐ YES ☐ NO

If yes, how many? \_\_\_\_\_ How old? \_\_\_\_\_

If your present relationship/ living situation were to change and you were no longer able to care for the dog, a new application must be submitted and approved in order to transfer ownership.

Initial: \_\_\_\_\_

Do you plan to move soon? \_\_\_\_\_

Does anyone in your household have an allergy to dogs that you are aware of?

☐ YES ☐ NO

Is someone home during the day? ☐ YES ☐ NO Who? \_\_\_\_\_

How many hours will your dog be alone each day? \_\_\_\_\_

Where will your dog spend most of his/her day when you are home?

- ☐ indoors
- ☐ garage
- ☐ yard
- ☐ enclosed patio
- ☐ indoor/outdoor ☐ other: \_\_\_\_\_

additional info: \_\_\_\_\_

Where will the dog stay when he/she is home alone?

- ☐ indoor/outdoor (doggy- door)
- ☐ inside only (specify): \_\_\_\_\_
- ☐ run of the house
- ☐ crate
- ☐ specific room(s): \_\_\_\_\_
- ☐ outside only (specify): \_\_\_\_\_
- ☐ yard
- ☐ garage
- ☐ enclosed patio
- ☐ other: \_\_\_\_\_

additional info: \_\_\_\_\_

Where will the dog sleep at night?

- ☐ indoor/outdoor (doggy- door)
- ☐ inside only (specify): \_\_\_\_\_
- ☐ run of the house ☐ crate ☐ specific room(s): \_\_\_\_\_
- ☐ outside only (specify): \_\_\_\_\_
- ☐ yard ☐ garage ☐ enclosed patio
- ☐ dog house ☐ other: \_\_\_\_\_

What rooms are off limits? \_\_\_\_\_

### **And your yard.....**

- ☐ I do not have a yard at this time (skip to the next section)

What outside areas are available to the dog? (check all that apply)

- ☐ front yard
- ☐ dog house
- ☐ back yard
- ☐ garage
- ☐ enclosed patio
- ☐ other: \_\_\_\_\_

Is your yard shared with neighbors? ☐ YES ☐ NO

Is your yard fenced? ☐ YES ☐ NO

What is the type of fence? \_\_\_\_\_

Fence height? \_\_\_\_\_ Highest point \_\_\_\_\_ Lowest Point

If your dog will have free access to a fenced yard, where is it located?

- ☐ front yard ☐ back yard ☐ side yard

Which of the following is used to secure your gate?

☐ latch ☐ padlock

☐ keyed lock ☐ other: \_\_\_\_\_

☐ we do not lock our gate for the following reason: \_\_\_\_\_

If your gate does not have a lock, are you willing to install one? ☐ YES ☐ NO

### **Your Experience with Dogs.....**

How would you describe your dog owning experience?

☐ I have had dogs of my own as an adult

☐ I grew up with dogs or have worked with them but have not had my own as an adult

☐ I have never had one or have limited experience with dogs

☐ Other: \_\_\_\_\_

Have you owned a Great Pyrenees before? ☐ YES ☐ NO

If no, what is your experience with them? \_\_\_\_\_

How many dogs have you owned in the past 5 years? \_\_\_\_\_

What happened to the other dog(s)? \_\_\_\_\_

Do you currently have pets? ☐ YES ☐ NO If yes, please complete the following:

Type Breed Gender Age Spay/Neutered? If not, why?

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How do you feel your current pets will adjust to a new dog in the house? \_\_\_\_\_

Have you had experience with behavioral or medical issues with your previous or current pets?

If yes, please describe: \_\_\_\_\_

If there are children in the household, please describe their experience with dogs:

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Who is your veterinarian (name and phone)? \_\_\_\_\_

If you do not currently have a vet, would you like a referral? ☐ Yes, please

If you move, what will you do with your dog? \_\_\_\_\_

Which of the following reasons might force you to give up your dog? (Check all that apply):

☐ excessive barking/ neighbor complaints ☐ aggressive on leash ☐ destructive chewing

☐ biting/aggression ☐ digging ☐ divorce/separation ☐ allergies

☐ shedding/ dirty ☐ not trainable ☐ poor watchdog ☐ moving/relocating

☐ house-training problems ☐ financial problems ☐ growling/nipping at guests

☐ excessive vet bills/chronic illness ☐ having a baby ☐ nips or bites children

☐ new spouse/ partner doesn't like dogs ☐ pets aren't getting along

☐ None of the above

☐ other: \_\_\_\_\_

Additional comments about why you would like to adopt this particular dog: \_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like to share about with us? \_\_\_\_\_

\_\_\_\_\_

**and finally,.....**

Please read and initial each statement below:

\_\_\_\_\_ I understand that a home visit is required prior to final placement.

\_\_\_\_\_ I understand that a home visit does not guarantee placement.

\_\_\_\_\_ I agree to provide my own collar, leash and a personal ID tag at the time of completing the adoption contracts.

**We reserve the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract.**