

## **Adoption Application**

## **Sherri Conners/Owner**

Email- adopt@4paws4rescue.com Website- <u>www.4paws4rescue.com</u> 314-420-7930

\*A completed application includes answers on every line\*

CONTACT INFO:	
Address	
Home #	Cell #
Email address	
ABOUT YOU AN	
Is this your first do	og as an adult?
How many hours	will the dog be alone?
When alone, whe	re will the dog stay?
How will you hand	dle accidents or chewing?
How many hours	per day will the dog be crated?
Where will your d	og sleep at night?
Do you have a fen	og sleep at night?What kind?
Are you prepared	to walk your dog in all types of weather?
	age, how close to major roads and highways are you?
How do you plan	on providing exercise for your new dog?
Please specifically	describe any unacceptable behaviors:
How do you plan	on handling any unwanted habits or unacceptable behaviors?
What training faci	lities and socialization/daycare will you be using?
What do you know	w about this breed of dog?

What attracts you to adopting this pet?
TELL US ABOUT YOURSELF: (all adults and children of the household should be listed)
OCCUPATION:
EMPLOYER:
HOURS PER WEEK:
WORK PHONE:
Do you have any children?
If so, ages?
is adopting a FAMILY decision?
Do you own or rent your home?
Please provide home owners insurance info: (Name of Agent, Company, number)
CURRENT VET:
Vet name:
Clinic name:
Address:Phone #:
Phone #:
If you do not have a vet yet, please list the name and number of intended
vet
CURRENT PETS: (all pets of the household should be listed)  BREED:
SEX:
AGE:
CURRENT VACCINES/FIXED:
Have you ever adopted from a rescue group or shelter before?
Have you ever surrendered or rehomed an animal before?
If so, why?
PAST PETS: (all past experience pets should be listed)
BREED:
SEX:
AGE:
Please explain why you no longer have them:
Signature of adopter
Signature of 4 Paws representative