

Why do you want to adopt a dog? (Circle all that apply)

Companion for Myself Companion for my Pet Protection Hunting
Children's Playmate House Pet Other: _____

What qualities are important to you in a dog? (Circle all that apply)

Easygoing Easy Care Easy to train Ready to go, go, go! Happy-Go-Lucky
Already knows Sit, Down, Stay Cuddly/Snuggly Loves other Dogs Housebroken
Protective of Me & My Property Loves all People Quiet, Doesn't Bark A Lot
Other: _____

What is your experience with dogs? _____

Where will the dog be? Indoors Outdoors Both

When will your dog be alone (am / pm) _____ How long? _____

What would cause you to consider returning or re-homing this dog? _____

Who will care for the dog in your absence (vacation, emergencies, etc.)? _____

What is your monthly budget for this dog? _____

Who is your regular veterinarian? _____

How will you keep the dog at home? Fence Kennel Tie out/Cable Dog Run Other _____

What type of daily exercise will this dog receive? (Circle all that apply)

Backyard Play Leash Walks Off-Leash Runs Play w/Other Dogs
Fetch Other: _____

How will you address behavior or other issues that may come up? _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE. I UNDERSTAND THAT GIVING FALSE INFORMATION ON THIS APPLICATION IS GROUNDS FOR NULLIFYING THIS AND/OR FUTURE ADOPTIONS. I UNDERSTAND THAT THIS APPLICATION REMAINS THE PROPERTY OF METRO ANIMAL SERVICES.

Signature _____

Date _____

Internal Use Only:

Approved for _____

Landlord approval Yes / No / Pending

Staff Initials _____ Time _____