
Describe your ideal dog:

How many other pets do you currently own or have living in your home? _____

| Name of Pet | Type/Breed | Age | Gender | Spayed/Neutered |
|-------------|------------|-------|---|--|
| _____ | _____ | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Maximum number of hours the dog will stay alone? _____

Where will the dog stay when no one is home? _____

Where will the dog stay during the day? _____

At night? _____

Where will the dog stay when the family is out of town? _____

Will the dog be left outside unattended at any time? If yes, please explain: _____

Describe the area where you live (city, suburban, rural, yard size, etc.): _____

Own home
Rent

If you rent, do you have written permission from the property owner to adopt a pet?

Yes No

Please attach written permission from rental property owner

Do you have a fenced yard? Yes No How high is lowest part of the fence? _____

Describe your fencing and gates (type of material, etc.): _____

