

# Dog Adoption Application

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**Adopter's Name \***   
First & Last Name

**Address \***   
Street Address

City State

Zip Code

**Adopter's E-mail \***

**Phone Number (day)**  -   
Area Code Phone Number

**Phone Number (evening) \***  -   
Area Code Phone Number

**Type of dwelling: \***

- House
- Townhouse
- Apartment
- 

**Do you: \***

- Own
- Rent

**Is your yard fenced?**

- Yes
- No

**If so, what type of fencing?**

**How long have you lived at this address? \***

**Where did you live prior to your current address? \***

**What is your occupation? \***

**Who would be the pet's primary caregiver? \***

**How many adults  
live in your home?**

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**How many children live in your home? \***

**How old are they? \***

**Does everyone in your household agree to getting a pet? \***

- Yes  
 No

**If not, why?**

**Please select which of the following describes what you are looking for in a pet:**

- Puppy < 6 months  Puppy 6mnths - 1yr  Young adult dog  Adult dog
- Senior dog  No age preference  Depends on the animal
- Male  Female  No gender preference

Short hair

Medium hair

Long hair

No coat preference

Active dog

Less active dog

Good with kids

Good with dogs

Good with cats

Good in car

**Are there any particular breeds that you prefer?**

**Why do you like this breed?**

**Have you had an animal of this breed before?**

Yes

No

**Is there a particular dog(s) that you are interested in?**

**Which of the following describes what you are looking for in a cat? \***

Breeding

Companion

Friend for myself

Friend for a child

Gift

Member of the family

Pet

Therapy

Other

**What other pets do you currently have?**

**What pets have you owned in the past? What happened to each of them?**

**Are your pets spayed/neutered? \***

- Yes
- No

**Have any of your pets ever had puppies/kittens? \***

- Yes
- No

**Are you willing to crate your dog? \***

- Yes
- No

**Are you willing to take your dog to obedience school? \***

- Yes
- No

**How many hours will the dog be alone each day? \***

**Where will the dog stay while you are away from home? \***

**Veterinarian name and phone number: \***

**How often do you take vacations? \***

**What would you do with your pet if you went on vacation? \***

**What would you do if you had to move and your new accommodations would not allow pets? \***

**Reference 1 - Name: \***

**Reference 1 - Phone Number: \***

**Reference 2 - Name: \***

**Reference 2 - Phone Number \***

**Do you have any additional comments, questions or concerns?**

**How did you hear about GRAB?**

BY SUBMITTING THIS APPLICATION I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE APPROVED

I HEREBY AUTHORIZE THE GRAND RIVER ALL-BREED RESCUE TO VERIFY THE ANSWERS GIVEN IN THIS APPLICATION

**Please read the above, check this box, sign, and click Submit. \***

I/We have read and understand all of the above.

**Applicant's Signature \***

**Signature date \***

Submit