



Poodles n' Doodles

Puppy Adoption Application Form

Your Contact Information

First Name Middle Initial Last Name

Home Address (House/Apartment #, Street, City, State, and Zipcode)

How long have you lived at this address? _____ If less than five (5) years, please provide us with your previous address:

Previous Home Address (House/Apartment #, Street, City, State, and Zipcode)

Daytime Phone: _____ Best time to call: _____

Evening Phone: _____ Best time to call: _____

Email Address: _____

Occupation: _____

Family and Housing

How many other adults live in this household? _____ Please list their names and relationship:

First Name MI Last Name Relationship

First Name MI Last Name Relationship

First Name MI Last Name Relationship

First Name MI Last Name Relationship

How many children and their ages? _____

Is everyone in agreement to adopt a puppy? _____

Please describe your household: ___ Active ___ Calm ___ Noisy ___ Quiet

What type of home do you live in (single family, town home, apartment, farm, etc)?

If you rent, please give us the rules governing pets and the landlord's name and phone number.

Landlord's Name

Landlord's Phone Number

By providing this information, you are allowing for Poodles N' Doodles to contact your landlord. Please inform them of this call so that they will speak with us.

Does anyone in the family have a known allergy to dogs? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have? Please specify type (i.e., dog/cat/reptiles/birds/other), gender, and estimated age blow (use a separate sheet if necessary):

Are these pets up to date on their vaccines? _____

Are these pets spayed and neutered? If not, why? _____

Have you ever surrendered a pet? If so, why? _____

Have you ever had a pet euthanized? If so, why? _____

Have you ever lost a pet to an accident? _____

How do you discipline your pets? When and why? _____

Veterinarian

Do you have a regular veterinarian? ___ Yes ___ No

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

**By providing Poodles N' Doodles information, you are allowing for Poodles N' Doodles to contact your vet.
Please call your Veterinarian and ask them to authorize release of information to Poodles N' Doodles.**

About the Puppy You Wish to Adopt

Color of the collar for puppy you are interested in:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

What is your idea of an ideal dog and why? _____

Estimated number of hours the dog will spend alone per day: _____

Where will the dog spend the day? Please describe. _____

Where will the dog spend the night? Please describe. _____

Will this dog be kept indoors? Yes No I have a fenced yard

Are you willing to participate in professional dog training classes within 120 days of adoption?
 Yes No If no, why? _____

Who or where will you take your dog for training? _____

Do you agree to contact Poodles n' Doodles if you can no longer keep this dog? Yes No

Are you aware that your dog will need to be regularly groomed? Yes No

How did you hear about Poodles n' Doodles? _____

All of the information I have given is true and complete. This dog will reside in my home as a family pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, and an annual physical examination, vaccines, and preventatives under the supervision of a licensed veterinarian.

Signature

Date