



Adoption Application

Seattle Purebred Dog Rescue

The answers you provide on this application will help us find the best possible match between you and the dogs currently available through SPDR. Please fill out the form completely and return to SPDR using the address on the 3rd page. **NOTE:** *If you do not provide a phone number, this application will be discarded.*

Name: _____	Primary Phone: ()
Address: _____	Alternate Phone: ()
City: _____ State: _____ Zip: _____	Best Time to Call: _____
E-mail Address: _____	Occupation: _____

About the Dog You Wish to Adopt -- you may select up to 3 breeds per form

1st Choice of Breed: _____	Sex preferred (circle): Male Female Either
2nd Choice of Breed: _____	Acceptable age range: _____
3rd Choice of Breed: _____	Color preferred: _____
I will also consider a suitable dog of a different... (circle all that apply): Sex Color Age Size Other (describe): _____	Size pref. (if applicable): _____ Coat length/type pref. (if app.): _____
Indicate all plans for this dog: <input type="checkbox"/> Pet <input type="checkbox"/> Obedience <input type="checkbox"/> Guard <input type="checkbox"/> Hunting <input type="checkbox"/> Agility <input type="checkbox"/> Other (describe): _____	Where will this dog spend its day? <input type="checkbox"/> Loose indoors <input type="checkbox"/> Outdoor kennel <input type="checkbox"/> Crate indoors <input type="checkbox"/> Fenced yard <input type="checkbox"/> Basement <input type="checkbox"/> Tied up outside <input type="checkbox"/> Garage <input type="checkbox"/> Other (describe): _____
	Where will this dog spend the night? <input type="checkbox"/> Loose indoors <input type="checkbox"/> Outdoor kennel <input type="checkbox"/> Crate indoors <input type="checkbox"/> Fenced yard <input type="checkbox"/> Basement <input type="checkbox"/> Tied up outside <input type="checkbox"/> Garage <input type="checkbox"/> Other (describe): _____

How many hours each day, on average, will this dog be left alone? _____

What would you say are the "pros" about this breed? _____

What would you consider to be the "cons" of this breed? _____

About You

Why did you choose the above breed(s)? _____

Have you owned the above breed(s) before? _____

What experience do you have with dogs? Pet Training Showing Breeding Other: _____

How many dogs have you owned in the last 7 years? _____ (Describe them below):

Breed:	How Long?	Still Own?	If not, what happened to the dog(s)? (be specific)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a regular veterinarian? No Yes

If Yes, Vet's Name: _____ For How Long? _____

Clinic Name: _____ Phone Number: ()

Clinic Address: _____ City: _____ State: _____

Name of a Personal Reference: _____

Relationship: _____ How Long Known: _____

Phone Number: () Email Address: _____

About Your Home / Family

Indicate your home:

House Apartment Mobile home/RV Condo Other (describe): _____

How long have you lived there? _____

Own

Rent.....Landlord's Name: _____

Landlord's Phone: (____) _____

Landlord's Email Address: _____

Do you have your landlord's permission to have a dog?

No Yes

Do you have a fenced yard?

No..... How will you handle the dog's exercise and toilet duties? _____

Yes..... Describe fence type, height, and gate(s): _____

Does the fence completely enclose an area for the dog? No Yes..... How large an area? _____

Do you have a separate kennel run? No Yes; list type and size: _____

Will you let an SPDR representative visit your home by appointment? Yes No; explain: _____

List all other dogs already residing in your household:

Name:	Breed:	Age:	Sex:	Spayed/Neutered?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List how many other pet(s) you have in your home (cats, birds, rodents, etc.): _____

Do you have any livestock? (describe): _____

How many adults are in your household? _____ **How many children?** _____

Do all family members want to adopt a dog? Yes No; explain: _____

List children's name(s):	Age:	Sex:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any family members allergic to dogs? (describe)

Are there other regular visitors to your home, human or animal, with which your new adopted dog must get along?

(describe): _____

Do you understand that SPDR requires all adopted dogs to be spayed or neutered? No..... Yes

Do you agree to license your SPDR-adopted dog on an annual basis? No..... Yes

Do you agree to provide regular healthcare for your SPDR-adopted dog? No..... Yes

Do you agree to contact SPDR if you can no longer keep this dog? No..... Yes

How did you hear about SPDR?

