

Shoshone Pet Rescue
PO Box 884, Kellogg, ID 83837
shoshonepetrescue@yahoo.com
208.512.3401

Adoption Application

Personal Information:

Date: _____ Dog's Name: _____
Name(s): _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Occupation: _____
Employer: _____ Phone: _____
Length of Employment: _____
Personal Reference: _____ Phone: _____

Names and Ages of Others in your Household:

Name:	Age:	Relationship:

Pet History (press space bar to fill in a check box)

Have you ever owned a dog before? Yes No
How did you obtain this dog? Purchased Adopted Grew Up With

What dogs or cats do you currently own?

Species	Breed	Sex	Age	Spayed/Neutered?
_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you discussed adopting a dog with your family/household members? Yes No

Specifically, why do you want to adopt a dog now?

Home Information:

Do you own or rent your home? Own Rent (press space bar to fill in a check box)

How long have you lived at your current address? _____

If under 1 year at current address, list previous address:

Address: _____

City, State, Zip _____

Where will you keep the dog during the day? _____

Where will you keep the dog during the night? _____

How will you take care of this dog during overnight absences? _____

Do you have a fenced yard? _____

If yes, describe the type of fence (material, height, etc.) _____

If you do not have a fence, how will you exercise the dog? _____

How will you confine the dog? _____

How many hours a day do you estimate the dog will be alone? _____

Where will your dog spend its time when alone? _____

Are you willing to attend obedience class with your dog? _____

Have you ever surrendered a pet to an animal shelter? _____

If yes, why? _____

Have you ever sold or given away one of your pets? _____

If yes, why? _____

Have you ever trained a dog before? _____

If yes, describe the training _____

Who is your veterinarian?

Name: _____ Phone: _____

Thank you for taking the time to fill out this form. After it has been reviewed, an appointment will be made for you to meet the dog. If the adoption is agreed upon you will be asked to sign a binding contract. Please return your completed form to shoshonepetrescue@yahoo.com.