

4 Dogs Farm
Rescue



DOG ADOPTION APPLICATION

4806 Sorani Way
Castro Valley, CA 94546

(415) 265-4331

*** Completion of this application does not guarantee adoption of a 4 Dogs Farm Rescue Dog ***

Name of applicant _____

Occupation _____

Name of Spouse/Significant Other _____

Occupation _____

Names (and ages) of children, if any _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best phone number to reach? _____

Email _____

Who will be responsible for the dogs care and well being? _____

Do you live in a

House _____ Apartment _____ Condominium _____ Townhouse _____ Other _____

Do you Own _____ Rent _____ How long have you lived at the above address? _____

If you rent, do you have your landlord's permission to have a pet? Yes _____ No _____

Landlord's Name and Phone Number

How much of the time will the dog be outdoors? _____

If left outside, where will the dog be? _____

How much time indoors? _____

What area(s) of the house will the dog be allowed into? _____

What area(s) of the house will the dog NOT be allowed into (if any)? _____

Where will the dog sleep at night? _____

About what percent of the time will the dog be left alone without humans? _____

Where will the dog be when left alone? _____

Who will care for the dog and where will it be when/if you go on vacation/business trip, etc.

Do you have a dog proof fenced yard? Yes _____ No _____

If yes, how high is the fence? _____

Type of fence? _____

Are the gate(s) normally locked? Yes _____ No _____

Do you have a doggy door? _____ Yes _____ No

Do you have a pool? Yes _____ No _____

If yes, is it fenced separately from the yard? Yes _____ No _____

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Why do you want a dog? (Check all that apply)

_____ House pet _____ Companion for family _____ Companion for other pet
_____ Companion for children _____ Protection for home/family _____ Protection for business
_____ Watchdog _____ As a gift _____ Other (specify) _____

Other pets (specify number of each): Dogs _____ Cats _____ Other _____

If you have any dogs or cats, are they spayed/neutered? Yes _____ No _____

What pets have you had in the past? _____

What happened to the ones you no longer have? _____

What would happen to the dog if you moved:

Locally? _____

Out of state? _____

Out of the country? _____

Do you have a regular veterinarian? Yes _____ No _____

If yes, Vet's name _____

Name of Clinic _____

Address _____

Phone _____ Email _____

How would you train this dog? (Check all that apply)

_____ Obedience school _____ Hit with newspaper _____ Choke collar _____ Verbal commands
_____ Clicker/hand signals _____ Positive Reinforcement _____ Other (specify)



How and how often do you plan to exercise your dog? _____

What types of exercise will you provide? _____

Will you be committed to potty train if needed? Yes _____ No _____

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time? Yes _____ No _____

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes _____ No _____

If your dog were injured or ill, are you committed to take him/her to the vet? Yes _____ No _____

Are you able to make a long term commitment to care for this dog for its entire lifespan, which could be as much as 10-20 years? Yes _____ No _____

Under what circumstances (if any) would you not be able to keep this dog? _____

Signature _____

Date _____

A printed signature constitutes a legally binding electronic signature and certifies that the information provided is true to the best of the signatures knowledge

4 Dogs Rescue reserves the right to refuse adoption to any Client for any reason.

This questionnaire becomes part of our contract if the adoption process continues past the application process.

