

DOG ADOPTION APPLICATION

Dog's Name:

Animal Welfare League of Frederick County

1202 East Patrick Street, Suite 13A, Frederick, MD 21701 | 301.663.5855 | www.awlfc.org

The Animal Welfare League of Frederick County is a non-profit 501(c) (3), all volunteer organization.



It is the responsibility of the Animal Welfare League of Frederick County (AWLFC) to place this dog in an environment compatible with its needs and to ensure the adoption is in the best interest of both the animal and the adopter. We realize this application document and the adoption process are lengthy; please understand that we are committed to placing this dog in a loving home where it will remain for its lifetime. Please complete this application in its entirety. You may bring it along when you visit the animal or complete it once you have met with the animal and its foster parent.

Please note that AWLFC reserves the right to decline or not accept any application, based on the information we receive or are given during the approval process, and up to signing the adoption contract, with no explanation to the applicant. Information received during the approval process is considered confidential. The right to decline an adoption is at the sole discretion of AWLFC and/or AWLFC's representatives. AWLFC is here to serve the best interests of our cats and dogs and our approval process is set up to do just that. If your application is denied you may appeal to the Board of Directors of AWLFC. The Board will review your application but reserves the right to uphold the declination without providing specific detail. Thank you.

APPLICANT INFORMATION

First Name	Last Name	Date of Application	
Home Address	City	State, Zip	
Employer	Your Occupation	Work Hours/Days	Years employed
Main Phone	Work Phone	E-Mail Address	
Name of additional responsible adult in household	Occupation	Phone	

HOUSEHOLD INFORMATION

Select One: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Friends/Family		
Select One: <input type="checkbox"/> Single Family House <input type="checkbox"/> Condo/Apartment <input type="checkbox"/> Townhome <input type="checkbox"/> Mobile Home		
Landlord's Name/Condo Association	Landlord's Phone Number	Does your lease allow dog(s)?
Does your lease, community, HOA, municipality, etc. have breed restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that you may be required to purchase additional homeowner's and/or liability insurance if you adopt certain dog breeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of time in current residence?	Number of adults: Number and ages of children:	
If less than 1 year, please provide previous address and length of time at that residence.		
If moving becomes necessary, what will you do with your pet/s if you cannot find a residence that allows pets?		
How many sets of stairs are in your home?		
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe below (fence type, height, etc.)		
Are any members of your household allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this dog a gift? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does everyone in the household agree with adopting a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VETERINARIAN INFORMATION *Please provide the information where your current or past pets history is held.*

Name of Veterinarian	Name of Clinic/Hospital
City, State	Phone Number

Notify your vet to give permission to speak with an AWLFC representative.**REFERENCES**

#1 Reference Name	#1 Reference Address	#1 Reference Phone Number
#2 Reference Name	#2 Reference Address	#2 Reference Phone Number

OTHER PETS

Type of Animal/Breed	Name	Age	Sex	Spay/Neutered	Still own? If no, please explain
				<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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do your pets receive yearly wellness exams? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do any of your dog(s) in the home live outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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ADDITIONAL INFORMATION

Why are you interested in adopting a dog at this time?
 Companion to me/family Companion for another pet Working/Farm Dog
 Other (If other, explain)

What age dog are you looking for? Puppy Adult Senior

Do you have a room with a door where your new dog could be kept separate from other animals during the transition into the home? Yes No

What type of size, fur type, personality and activity level would you prefer your new dog to have? Please describe.

What research and preparations have you made to bring this pet into your home?

We may require that some dogs undergo training. Would you be willing to do this?

How will you provide this dog with exercise?

ADDITIONAL INFORMATION

This dog may not be house trained or may be of an age where accidents happen. Are you able to tolerate these accidents? How will you handle this?

How many hours per day will the dog be without companionship?

Where will the dog be kept during this "alone" time?

Where will your dog sleep at night?

Where will you primarily keep your new dog?

Indoors Only Indoor/Outdoor Outdoor

Who will be primarily responsible for the care of this dog?

Are you planning to start a family? Yes No Not sure

What best describes your household:

- Quiet - 2 or less adults/seniors, no children, applicant(s) home most days
 Calm - Applicant(s) often home, 3 or less family members residing in the home, no young children
 Moderate - Applicant(s) work typical schedule (5 days per week, home most weekends)
 Active - Frequent visits by friends/family, multiple children, other pets, busy weekends – time spent out of the home

How much would you estimate expenses to be for 1 year?

Supplies \$

Vet \$

What type of food would you feed your dog and how often?

What arrangements would you make for the care of your dog when you go on vacation?

Do you think your pet should have a yearly physical exam? Yes No Not sure

Do you believe you can provide a good home for your pet for its entire lifetime, which could be up to 15 years or more?

Yes No Not sure

Describe under what circumstances might you decide not to keep your dog? (Check all that apply)

Please be honest. This won't necessarily disqualify you from adopting but it will give us a chance to discuss it with you and perhaps give you options should this event arise.

- New Jobs Movings New Baby Problem with dog's health Conflict with other household pets
 Monetary Issues Problem with dog's behaviors Illness or allergies Incontinence Separation anxiety
 Other, please explain:

What would you do if your dog growled or nipped you?

Have you ever given up a pet for adoption or surrendered an animal to an Animal Shelter, Pound or Rescue?

Yes No

Have you ever adopted an animal from an Animal Shelter, Pound or Rescue before?

Yes No

Behavior problems can arise for many reasons; most can be solved. Do you agree to seek help and assistance to resolve these issues rather than give up your pet should problems occur?

Yes No Not sure, need more information

Would you accept an animal that has a treatable medical condition? Yes No Not sure, need more information

Would you allow a Rescue representative to do a home visit? Yes No

If no, please explain:

ADDITIONAL INFORMATION

How did you hear about AWLFC?

Website Advertisement Vet/clinic Family/Friend/Referral Adoption/Special Event Petfinder.com

The following will be discussed when you are contacted:

- Adoption Costs
- Microchip
- Training
- Health Care
- Behavior Problems
- Exercise
- Nutrition
- Adjustment time to new home

I understand that the Animal Welfare League of Frederick County (AWLFC) reserves the right to refuse adoption to anyone if it is in the best interest of the animal and/or applicant. I certify that the above information is true and complete and understand that it is subject to verification by AWLFC. Falsification of any information will render the application void. I understand that AWLFC reserves the right to perform a home visit prior to approving this adoption application, as well as follow up, by phone or by a home visit, on any adoption to ensure compliance with the adoption contract. I further understand that AWLFC reserves the right to decline or not accept any application, based on the information we receive or are given during the approval process, and up to signing the adoption contract, with no explanation to the applicant.

I give my permission for AWLFC to contact my veterinarian (listed on page 1).

Signature: _____

Date: _____

This application is valid for 30 days and only for the animal(s) named on page 1.

Thank you for looking to the Animal Welfare League of Frederick County for your new family member. With this adoption, you are saving not only this animal's life, but making room for us to bring another pet into foster care, saving its life, too. We thank you!

For AWLFC Use Only – Interviewed by:

Date:

Approved: Yes No

Comments:

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