



For Official Use Only:  
A# \_\_\_\_\_  
P# \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Date Contacted: \_\_\_\_\_

## Dog Adoption Application Form

In order to be considered as an adopter, you must:

- Be at least 18 years old
- Have a valid photo ID

Which dog(s) are you interested in adopting: \_\_\_\_\_

### Contact Information

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Family & Housing

How many adults are there in your family (ages)?  
\_\_\_\_\_

How many children (ages)?  
\_\_\_\_\_

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

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

Please describe your household: Active    Noisy    Quiet    Average

Does anyone in the family have a known allergy to dogs?    Yes    No

Is everyone in agreement with the decision to adopt a dog?    Yes    No

Do you have time to provide adequate love and attention?    Yes    No

**Please tell us about your pets and preferences**

1. Do you have any house pets now? **Yes**    **No**

a. Please describe species / breed/ age/ sex/ spayed/neutered

i. Pet:

\_\_\_\_\_

ii. Pet:

\_\_\_\_\_

iii. Pet:

\_\_\_\_\_

iv. Pet:

\_\_\_\_\_

v. Pet:

\_\_\_\_\_

b. Please list what vaccines your pets are current on:

Have you ever had to relinquish a pet? If so, why?

**Veterinarian**

Do you have a regular veterinarian?     Yes     No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

By providing the above information and signing below you are authorizing your veterinarian to release your pets information to the Cheyenne Animal Shelter.

## About the Dog You Wish to Adopt

Willing to adopt:       Outgoing/hyper dog  
                                  Dog needing to be kenneled       Shy dog  
                                  Dog that needs regular medication       Dog that needs training  
                                  Dog that needs grooming       None of these

Is there any behavior(s) that you are not willing to work with? Please explain:

Where will the dog spend the day? (*describe*)

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Where will the dog spend the night? (*describe*)

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Number of hours (average) dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?    Yes    No

Do you agree to keep the dog as an indoor dog?    Yes    No

When the dog goes out, how do you plan to supervise it? (Ex. Fenced yard, electric fence, tie out):

Do you agree to contact Cheyenne Animal Shelter if you can no longer keep this dog?    Yes    No

### Notes:

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

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(Signature)

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(Date)