

Quad Cities Canine Adoption Application

This standard adoption application must be completed and signed by anyone wishing to adopt a dog from Quad Cities Canine. Our number one concern is for the dogs and we strive to place them in good, loving homes.

NOTE: Application for adoption DOES NOT guarantee acceptance for adoption.

NOTE: All CURRENT pets in a household MUST be spayed/neutered and up-to-date on vaccines before any adoption will be considered for approval.

NOTE: Quad Cities Canine reserves the right to accept or deny any application or potential adopter.

***Required**

*Which dog are you interested in adopting? _____

*Your name (Adopter) _____

Co-Adopter's Name, if applicable _____

*Street Address (physical address) _____

*City _____ *State _____ *Zip Code _____

*Mailing address (PO Boxes) or indicate "same" _____

*City _____ *State _____ *Zip Code _____

*Best Phone Number to reach you _____

Alternate Phone Number _____

*E-mail address _____

*Best Day(s) Time(s) of Day to Call You _____

*Veterinarian's Name _____ *Phone _____

*Veterinarian's City & State _____

*Provide three references that are not part of your immediate family:

1. (Name) _____ (Phone) _____

(Relationship) _____ (years known) _____

2. (Name) _____ (Phone) _____

(Relationship) _____ (years known) _____

3. (Name) _____ (Phone) _____

(Relationship) _____ (years known) _____

*How long have you lived at your current residence? _____

*Your home is:

- Owned by you and/or your spouse/life partner
- Owned by someone else within the house
- Rented directly from the owner
- Rented directly through a management company
- Rented as a part of a group of roommates

If renting, is your name on the lease? Yes No

Other:

*If renting, do you have your landlord's permission to have a dog? Yes No

*If you are not the property owner, we will need to verify your landlord's current pet policy.

Landlord's Name: _____ Phone #: _____

*How many adults live in your home?

*How many children? _____ *Ages? _____

*Does anyone in your household have allergies to dogs that you are aware of? Yes No

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

*How many hours will the dog be alone each day? _____

*Where will the dog be kept when no one is home (indoors, yard, indoor/outdoor, garage, enclosed patio, etc)? _____

If inside only, specify: run of the house, crate, specific room(s) – describe _____

What rooms are off limits? _____

If outside only, specify: yard, garage, enclosed patio, other – describe _____

*When will the dog be inside? _____

*When will the dog be outside? _____

*Where will the dog be kept at night? _____

*Do you have a doggie door? _____

*Do you have a fenced yard? Yes No Type of fence? _____

Fence height? _____ Highest point? _____ Lowest point? _____

Have you recently inspected your fence(s)? Yes No

Is it / are they in good condition with no holes or loose points? Yes No

(Describe) _____

*Is your yard shared with neighbors? Yes No

*Who has access to your house and/or yard (housekeeper, neighbor, pool maintenance personnel, gardener, etc?) _____

*Do you trust your workers not to let the dog get out? Yes No

*List all of the pets you have had in the last 7 years including current pets and those you no longer own (include species, breed, age, sex, spayed/neutered – if not, why?, length of ownership and what happened to her for each pet):

*If you have other pets, are their vaccinations current? Yes No

*Are they currently licensed? Yes No

*Describe your dog owning experience

- I have had dogs of my own as an adult
- I grew up with dogs or have worked with them but have not had my own as an adult
- I have never had a dog or have limited experience with them
- Other (describe): _____

*Have you had experience with behavioral or medical issues with your previous or current pets? Yes No

(If yes, describe) _____

*How would you discipline your dog if he/she misbehaved / chewed household items?

*What method do you intend to use for housetraining your dog (rub nose in offending spot, take out every couple of hours, crate train, consult professional, etc)?

*When might you allow your dog off-leash (public park, dog park, lake/river, hike, neighborhood walk, etc)?

*What would you do if your dog got out?

*Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, shelter and exercise for your new dog? Yes No

*What is your monthly budget for your dog? _____

*Are you willing and able to make a long-term commitment to care for your dog for its entire life span, which could be as long as 15 years or more? Yes No

*Under what circumstances would you **NOT** keep this dog (excessive barking/neighbor complaints, aggressive on leash, destructive chewing, biting/aggression, digging, divorce/separation, allergies, shedding/dirty, not trainable, poor watchdog, moving/relocating, house-training problems, financial problems, growling/nipping at children and/or guests, excessive vet bills/chronic illness, having a baby, new spouse/partner doesn't like dogs, pets aren't getting along, etc)?

*Additional comments about why you would like to adopt this particular dog?

*Which of the following best describes your reasons for wanting this dog?

- Companion
- Search & rescue
- Guard dog
- Agility
- Hunting
- Jogging
- Obedience training
- Walking buddy
- Couch warmer

*Describe the temperament and activity level you are looking for in a dog:

- High energy
- Outdoorsy dog
- Lap dog
- Mellow
- Affectionate
- Quiet
- Guard dog

*The noise/activity in my home is usually:

- High
- Medium
- Low

*My ideal dog would:

*Bad dog habits that I cannot tolerate are:

*Is there anything else you would like to share with us?

*Do you have any questions?

I understand that by voluntarily completing and emailing this agreement, I am entering into a legal and binding contract with Quad Cities Canine. Breach of any term(s) of this agreement is deemed actionable.

***I acknowledge that I have read and understand the above contractual notice.**

Yes No

Date

Signature of Adopter

If submitting application electronically,

Adopter's Full Name

Thank You!

We truly appreciate your application and we'll be in contact.

For Office Only:

- Home Visit Completed
 References Checked
 Vet Records of Current Dog Received
 Copy of Photo ID
 Adoption Fee Accepted

Type and amount: