**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.**

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 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

When it comes to relating to dogs, I tend to be more

[ ]  Strict, demanding (dog must learn and follow all commands)

[ ]  Moderate (encouraging of good behavior)

[ ]  Lenient, wishy-washy, easily coerced by the dog

I would enjoy brushing or grooming my dog:

[ ]  Rarely

[ ]  Occasionally

[ ]  Daily

[ ]  Weekly

[ ]  Monthly

I would prefer a dog that:

[ ]  Would enjoy walking with me on leash

[ ]  Will exercise him/herself in our yard

[ ]  Would enjoy going to the dog park

[ ]  Would run, jog or hike with me

[ ]  Requires only enough exercise to do his/her business

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 Other Pets Received

 Copy of Photo ID

 Adoption Fee Accepted

Type and amount: