



# ANIMAL ADOPTION APPLICATION

Completion of this application does not guarantee adoption of a Crossroads K9 Rescue animal

Name of Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of Spouse/Significant Other: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Names/Ages of Children (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Do you live in a  House  Apartment  Condominium  Townhouse  Other \_\_\_\_\_  
Do you own or rent?  Own  Rent If you rent, do you have your landlord's permission to have a pet?  Yes  No  
Landlord's Name and Phone Number \_\_\_\_\_  
Can you provide proof of permission?  Yes  No *\*If you rent, proof of permission from landlord is required*  
Have you checked with your homeowners/renters insurance?  Yes  No *\*If you rent, proof of insurance is required*

Do you understand that a German Shepherd may be a liability?  Yes  No  
How much of the time will the dog be outdoors? \_\_\_\_\_  
How much time indoors? \_\_\_\_\_  
About what percent of the time will the dog be left alone without humans? \_\_\_\_\_  
Where will the dog be when left alone? \_\_\_\_\_  
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? \_\_\_\_\_  
Where will the dog sleep at night? \_\_\_\_\_  
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  
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?

\_\_\_\_\_

Where would the dog go when you go for vacation? \_\_\_\_\_

Do you have a regular veterinarian?  Yes  No

If yes, list Vet's Name: \_\_\_\_\_ Name of Clinic: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_

Does anyone in your household have allergies: Yes  Yes  No What kind? \_\_\_\_\_

Would you continue further training and/or reinforce the training the dog has already learned?  Yes  No

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

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 would you not be able to keep this dog? \_\_\_\_\_

\_\_\_\_\_

Please be advised that the dogs we rescue may have a history of abusive or neglect. They may have fears, nervousness, or behaviors that a well-adjusted dog may not have. Do you understand that dogs must go through an adjustment period to new surroundings after adoption?  Yes  No

What dog are you interested in? (Name) \_\_\_\_\_

Do you have any experience with German Shepherds/Belgian Malinois breeds?  Yes  No

What interests you in this breed? \_\_\_\_\_

Please list two references:

Reference 1: (Name) \_\_\_\_\_ (Number) \_\_\_\_\_

Reference 2: (Name) \_\_\_\_\_ (Number) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in a Crossroads K9 Rescue animal. We will review your application and contact you with our decision.