



Dog Adoption Application

(Please print legibly)

Last Name _____ First Name _____ Middle Initial _____
Street Address _____ County _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer Name & Address _____
Spouse/Roommate Last Name _____ First Name _____ Middle Initial _____
Landlord Name & Phone Number _____

To be considered an adopter, we ask that you meet the following requirements; check all that apply to you:

- _____ Are at least 18 years of age
_____ Have the consent of all adults living in your home
_____ List children's ages living at home: _____
_____ Do you own your home? Yes No
_____ If renting, must have the consent of the landlord
_____ Understand that we have the right to accept or deny this application

1. I am interested in adopting: _____
2. Is this your first experience with a pet? Yes No
3. Do you have any other pets at this time? Yes No If yes, list: _____
4. If no, have you had pets in the past? Yes No If yes, list pet(s) and what why you no longer have them: _____
5. Who is/was your veterinarian? _____ Phone # _____
6. **GBAR strongly recommends that all dogs and cats living in the home be altered and current on vaccinations.** Please contact your veterinarian and alert them that a representative from GBAR will call to obtain information on your current and past pets. We will verify that the pet is altered and vaccinated, and if a dog, on heartworm preventative.
7. How many hours per day will your pet be left alone? _____

References (Non-Relatives): _____ Phone # _____
_____ Phone # _____
_____ Phone # _____

Dogs and cats often live fifteen years and beyond. Are you ready to be responsible for this pet for its entire life?
Yes No

If you are applying to adopt a dog that requires regular grooming, you must be able to provide the necessary care. If you own/owned a pet in this category, please give the name and phone number of your groomer(s):
Name _____ Phone # _____
Name _____ Phone # _____

If at any point, we (GBAR) find that proper care and/or environment are not being met, or if some life change prevents you from caring for this pet, the animal must be returned to a GBAR member as soon as possible.

By signing this document, I certify that all information is correct, and I authorize the investigation of all statements/information included on this application.

Signature _____ Date _____