



NCCR Dog & Puppy Adoption Application

To submit this application, print it and complete all fields, then mail to NCCR, 7540 N. Gale St., Westfield, NY 14787.

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Email address: _____ **Fax:** _____

1. Will you be adopting this dog for (choose all that apply):

Gift Guard Dog Watch Dog Companion

Other (please explain) _____

2. Please list any traits you prefer a dog to have: (age, sex, breed, personality, size, energy level, etc.)

3. If circumstances in your life change what will you do with our pet? (moving, having a baby, etc.)

4. Have you ever owned a pet before? No Yes (if yes, please tell us more)

A. Describe those pets that are currently with you: (type, age, sex, altered status)

B. If you've owned pets prior to your current companions, please tell us why they are no longer with you and where they are now.

5. Please provide the name and phone number of your veterinarian: (current or past vet)

6. How many people reside in your household? _____



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7. Are there any children in the household? No Yes (if yes, what are their ages?)

8. Do you own or rent your residence? Own Rent

9. Does your residence have a yard? No Yes

10. If you have a yard, is it fenced? No Yes

11. Where will the dog stay during the night? (inside, outside, both) _____

12. How much time will the dog spend outside? _____

13. How many hours each day will the dog be left unattended? _____

14. Where will the dog be kept when no one is home? _____

15. How will you housetrain the dog? (i.e. teach him or her to relieve themselves outside)

Please include with your completed application at least three references, preferably with at least one reference from your pet's veterinarian.

I, _____, represent that the information that I have provided on this form is the truth to the best of my knowledge and belief.

Signed: _____

Date: _____

Signed: _____

Date: _____

Thank you for considering the adoption of a rescued dog!

Form updated 11/17/04