

Dog Adoption Application Form

Contact Information

Full name: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: ☐ Active ☐ Noisy ☐ Quiet ☐ Average

If you rent, please give the rules governing pets and the landlord's name and number:

(Providing this information you are allowing FMAC to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? ☐ Yes ☐ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing FMAC with this information you are allowing FMAC to call your vet. Please call your vet and ask them to authorize the release of information to FMAC.)

Friends of the Miami Animal Control

What is your idea of an ideal dog and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Desired sex: ☐ Spayed Female ☐ Neutered Male ☐ No preference

Willing to adopt: ☐ outgoing/hyper dog ☐ shy dog
☐ dog that needs regular medication ☐ dog that needs training
☐ dog that needs grooming ☐ None of these

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? ☐ Yes ☐ No

Do you agree to keep the dog as an indoor dog? ☐ Yes ☐ No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact FMAC if you can no longer keep this dog? ☐ Yes ☐ No

Are you be willing to let a representative of FMAC visit your home by appointment?

☐ Yes ☐ No

How did you hear about FMAC?

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)