



# DOG/PUPPY ADOPTION APPLICATION

**Pet Pro Life Adoption & Placement, Inc.**

Box 3653 Huntington Beach, CA 92605

(714) 964-3593

Approval Status

PPL (initial)

This is not a test and completion of this document **does not** imply a guarantee of approval for adoption of any Pet Pro Life animal. Please answer each question completely. Do not skip any questions. This document is the property of Pet Pro Life, Inc. and may not be altered, removed from the premises, or destroyed. It must be surrendered to Pet Pro Life, Inc. upon demand.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Years there: \_\_\_\_\_

1. Name of dog you are interested in: \_\_\_\_\_ How long have you been looking for a pet? \_\_\_\_\_

2. What breed of dog are you looking for? \_\_\_\_\_ Age? \_\_\_\_\_ Sex:  M  F

3. Size Preference:  Toy (<10 lbs)  Small (10-25 lbs)  Medium (25-50 lbs)  Large (50-80 lbs)  Very Large (>80 lbs)

4. Activity Level Preference (How much physical and mental stimulation do you want to give your dog)?  
 Low (house pet)  Low-Medium  Medium (weekly walks)  Hi-Medium  High (daily jogging partner)

5. Please describe your yard (grass, cement, pool, dog run, etc): \_\_\_\_\_

6. Type of fencing (check all that apply):  Block wall  Chain link  Wood  Partial fence  No fence  
 Minimum fence height: \_\_\_\_\_ Approximate yard size: \_\_\_\_\_

7. Type of housing (check all that apply):  Rent  Own  House  Condo  Apt  Military  Mobile  Other  
 Live with parents/relatives How long at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Landlord's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

8. Where do you plan to keep your dog?  Indoor only  Outdoor only  Indoor/outdoor  Other: \_\_\_\_\_

9. Where will your dog be at night?  Outside  Dog house  Garage  Inside  Bedroom  Other: \_\_\_\_\_

10. Who will be responsible for the dog's care? \_\_\_\_\_

11. Do you have any children in the home?  Yes  No If yes, what ages? \_\_\_\_\_

12. Do you plan to have children in the future? \_\_\_\_\_

13. Do you have roommates?  Yes  No If yes, how many and do they also want a dog? \_\_\_\_\_

14. Describe all **CURRENT** pets:

Type of Pet (Breed)	Age	Sex	Spayed / Neutered	Kept In or Out	How Long Owned

15. Describe pets **PREVIOUSLY OWNED**:

Type of Pet (Breed)	Age	Sex	Spayed / Neutered	Kept In or Out	How Long Owned

16. Does anyone in your family, or home, have a history of pet allergies? \_\_\_\_\_
17. If your pet had a behavioral problem what would you do?  Ask vet  Take to shelter  Give away  Call trainer  
 Train yourself  Call Pet Pro Life  Other: \_\_\_\_\_
18. Do you plan to seek behavior and/or obedience training? \_\_\_\_\_
19. Have you ever gone through behavior and/or obedience training with a dog before? \_\_\_\_\_
20. I would consider getting rid of this dog if it (example): \_\_\_\_\_
21. Who is your family veterinarian? \_\_\_\_\_
22. If your dog required expensive veterinary care, how much would you be willing to spend? \_\_\_\_\_
23. What would happen to this dog if you were to move? \_\_\_\_\_
24. When you go on vacation, who will care for your dog?  House sitter  Kennel  Friend/Relative  Other \_\_\_\_\_
25. Length of time your dog will be left alone each day (hours): \_\_\_\_\_
26. Reason for wanting this dog?  Gift  Companion  Companion for pet  Guard dog/protection  
 Other \_\_\_\_\_

Please provide two personal references that we can reach today — Please, **NO RELATIVES**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years acquainted: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

As evidenced by my signature hereunder, I attest that the answers I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that Pet Pro Life, Inc. reserves the right to decline my application for adoption for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REMEMBER — FILLING OUT THIS APPLICATION IS NOT A GUARANTEE OF ADOPTION**

===== Do not write below this line: PPL use only =====

References verified by: \_\_\_\_\_ Date: \_\_\_\_\_

- Response# 1:  Favorable  Unfavorable  DQ list checked
- Response# 2:  Favorable  Unfavorable  Approved  Denied

List DQ question numbers/reasons: \_\_\_\_\_

Comments: \_\_\_\_\_