



City of Sacramento Animal Care Services
 2127 Front Street, Sacramento, CA 95818
 (916) 808-7387
 www.SacPetSearch.com

DOG ADOPTION APPLICATION

Thank you for your interest in providing our shelter animals another chance at a permanent, loving home! In order to help us make the best possible fit between you and a new pet, please complete the information below.

PLEASE PRINT CLEARLY – YOU MUST BE 18 YEARS OR OLDER

Name _____		Driver's License # _____	
Street Address/PO Box _____		City _____	State _____ Zip _____
Home Phone _____	Work/Cell Phone _____	Email _____	
Names of others in household (include ages of children) _____			
Length of time at address _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with parents <input type="checkbox"/> Military <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home Size/breed restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are a homeowner, who is your insurance provider? _____			
Landlord Name & Phone _____		Complex Name _____	
How did you hear about our adoption program? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Newspaper <input type="checkbox"/> Media <input type="checkbox"/> Website			
Name of current veterinarian _____			

GENERAL INFORMATION

Do all the adults in your household know that you plan to adopt a dog? Yes No
Are there any household objections? Yes No

Does anyone in your household have any allergies to animals? Yes No
If Yes, can/will the allergies be controlled by medication? Yes No

Who will be the dog's primary caretaker (*i.e. feed, train, exercise, groom, etc.*)? _____

Under what circumstances would you give up the dog? _____
 (If you have to move, for example.)

Are you prepared to assume the financial responsibilities of providing your dog with adequate food, medical care, housing, training, toys, etc. (*at least \$1,000/year*)? Yes No

Are you prepared to commit a life-long relationship with this dog? Yes No

Have you ever been convicted of or received citations for violation of Federal, State, or Municipal animal codes? Yes No
If Yes, please explain: _____

YOU & YOUR HOUSEHOLD – CHECK ALL THAT APPLY

Dog experience: <input type="checkbox"/> First-time owner <input type="checkbox"/> Have had one or two dogs <input type="checkbox"/> Knowledgeable & experienced	Time away from home: <input type="checkbox"/> Home all day <input type="checkbox"/> Out part-time <input type="checkbox"/> Away 7-10 hours daily <input type="checkbox"/> Can bring dog to work	Our dog will: <input type="checkbox"/> Live indoors only <input type="checkbox"/> Live indoors/outdoors <input type="checkbox"/> Live outdoors only <input type="checkbox"/> Be confined in a fenced yard <input type="checkbox"/> Spend time at dog parks	Outside, I have: <input type="checkbox"/> Fenced yard _____ feet high _____ material <input type="checkbox"/> Unfenced yard <input type="checkbox"/> No yard <input type="checkbox"/> Other _____
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TURN OVER TO COMPLETE APPLICATION ----->

Adoptions may require dog-to-dog introductions, dog-to-child introductions or mandatory training classes.	Children in your Home: <input type="checkbox"/> I have children ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home ages _____ <input type="checkbox"/> No children visit my home	Home Atmosphere: <input type="checkbox"/> Calm & ordered <input type="checkbox"/> Somewhat active <input type="checkbox"/> Energetic <input type="checkbox"/> Very active	Reason(s) for Adopting: <input type="checkbox"/> Family companion <input type="checkbox"/> For my children <input type="checkbox"/> Gift <input type="checkbox"/> Hunting <input type="checkbox"/> Guard/Protection <input type="checkbox"/> Company for other dog <input type="checkbox"/> Fighting <input type="checkbox"/> Other
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HOPES & EXPECTATIONS – CHECK ALL THAT APPLY

Breed Type/Mix: _____ Size of Adult Dog: <input type="checkbox"/> Small, 5 to 20 lbs <input type="checkbox"/> Medium, 20 to 50 lbs <input type="checkbox"/> Large, 50 to 100 lbs <input type="checkbox"/> Extra large, 100+ lbs Coat: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No preference Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference	Preferred Age of Dog: <input type="checkbox"/> 2 to 4 months (Like a baby/toddler) <input type="checkbox"/> 4 to 12 months (Like a young child/teenager) <input type="checkbox"/> 1 to 3 years (Like an energetic young adult) <input type="checkbox"/> 3 to 5 years (Like a sensible adult) <input type="checkbox"/> 5+ years (Like a mature/senior adult) <input type="checkbox"/> No preference Preferred Training Level of Dog: <input type="checkbox"/> I plan to train myself/seek professional training <input type="checkbox"/> Prefer a dog with some training <input type="checkbox"/> Prefer a dog that is fully obedience trained <input type="checkbox"/> Prefer a dog that is already housetrained <input type="checkbox"/> No preference Activities with my Dog: <input type="checkbox"/> Running/jogging <input type="checkbox"/> Daily walks <input type="checkbox"/> Camping <input type="checkbox"/> Dog Park <input type="checkbox"/> Other _____	Desired Characteristics: <input type="checkbox"/> Outgoing <input type="checkbox"/> Sensitive <input type="checkbox"/> Reserved <input type="checkbox"/> Excitable <input type="checkbox"/> High Energy <input type="checkbox"/> Timid <input type="checkbox"/> Confident <input type="checkbox"/> Playful <input type="checkbox"/> Dominant <input type="checkbox"/> Affectionate <input type="checkbox"/> Submissive <input type="checkbox"/> Gentle/Calm <input type="checkbox"/> Trainable <input type="checkbox"/> Independent <input type="checkbox"/> Clingy <input type="checkbox"/> Other _____ _____
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Describe any additional expectations:

WHAT DOGS, CATS & OTHER PETS CURRENTLY RESIDE OR HAVE RESIDED IN YOUR HOUSEHOLD WITHIN THE PAST 5 YEARS?

Name	Type/Breed	Age	Where is pet kept?	Spayed/Neutered?	Still have?*	Licensed?

* If this animal is no longer with you, please explain:

I declare that all of the information I have given above is true and complete. Providing false information or withholding information will void the application. I understand that Animal Care Services can decline my adoption application. I further understand that if my application is approved, City of Sacramento Animal Care Services reserves the right to conduct a home-check prior to the adoption of any animal to verify the suitability of my home environment as it relates to the needs of the animal, i.e., secure fencing, appropriate shelter, adequate space, safety, etc. I understand that adopting an animal from a shelter provides no medical/behavior assurances and I understand that a refund of the adoption fee is not provided.

Signature _____ Print Name _____ Date _____

OFFICE USE ONLY - STAFF COMMENTS

Applicant's Name _____

P _____

Animal ID Number: _____

Comments:

Date _____ Counselor Initials _____ Approved _____ Check Priors File _____ Discussed Priors _____
Landlord Approval Date _____

Animal ID Number: _____

Comments:

Date _____ Counselor Initials _____ Approved _____ Check Priors File _____ Discussed Priors _____
Landlord Approval Date _____

Animal ID Number: _____

Comments:

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