BRIGHT EYES ANIMAL SHELTER, INC.

Canine Adoption Application

Date: _____

Personal Information

Applicant Name: _____ **Phone Number(s):** _____

Co-Applicant Name:_____ **Phone Number(s):** _____

Driver's License #: _____

Physical Address: _____ **City:**_____ **State:** ____ **Zip:** _____

How long have you lived at this address? _____

If less than 2 years, please list previous address:_____

What type of residence (circle one): House Apartment Condo Mobile Home

Does your home have a yard? Yes No **Is there a fence?** Yes No

Type of fence: _____ **How tall?** _____

If the yard is fenced and when the gate is closed, will the dog be completely enclosed? Yes No

Do you rent or own your home? Rent Own

If you rent your home, does your landlord allow pets? Yes No

Landlord's Name: _____ **Phone:** _____

Mailing Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Number of Adults in the home: _____ **Number of Children in the home:** _____

Ages of Children: _____

Have the children lived with pets before: Yes No

Besides your immediate family, are there others who reside in your home? _____

If yes, who? _____

Does anyone in your family/home suffer from allergies? Yes No

Does everyone in the home agree to this adoption: Yes No

Employment Information

Name of Employer: _____ Phone: _____

How long have you worked for this employer: _____

Name of Spouses Employer (if applicable): _____ Phone: _____

How long have you worked for this employer: _____

Previous Pet Information

Have you ever owned a dog before: Yes No

Do you currently own a dog? Yes No

Please list all current pets below:

Pets Name	Breed	Age	Gender	Spayed/Neutered?	Where are they now?

Have you ever adopted from a shelter before: Yes No **If so, which shelter? _____**

Have you ever given away an animal and/or relinquished ownership of an animal to a shelter before? Yes No

If yes, what were the circumstances? _____

Veterinarian Name:_____ Phone:_____

New Pet Information

How did you hear about this dog? _____

Why are you interested in this particular dog? _____

What do you know about this breed of dog? _____

How long have you been looking for a new dog? _____

What is the longest period of time the dog will be left alone? _____

Where will the dog be kept during this time? _____

If kept outside, will there be a dog run/dog house available? Yes No

Will you take this dog to obedience training, if necessary: Yes No

What will you do with your dog if you move or go on vacation: _____

What will you do if your new dog chews, gets into trash, barks, etc.: _____

Will you transport the dog in the back of an open pick up? Yes No

What will you do if your pets do not get along with the adopted pet? _____

References

Name	Phone Number	Relation to Adopter

I certify that the above information provided is true and correct. I am financially capable of taking care of this animal and will provide the proper food and veterinary care required. I understand that a home check may be mandatory prior to the adoption and that any false statements constitute grounds for removal of the animal from my care. I also understand and agree that Bright Eyes Animal Shelter, Inc. may demand the return of the animal for any violation of the terms of the adoption policy and contract.

I understand that Bright Eyes Animal Shelter, Inc. reserves the right to refuse any adoption.

Signature: _____ Date: _____

FOR BRIGHT EYES STAFF ONLY		
Approved: **Staff Initials:**	**Denied:** **Staff Initials:**	**Comments:**