

ASSISTANCE DOG NETWORK



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ASSISTANCE DOG NETWORK APPLICATION TO ADOPT A RELEASED DOG

DATE _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ WORK _____

EMAIL _____ CELL _____

Do you own your own home? _____ Own _____ Rent

If you have children, what are their ages? _____

Does everyone in your household want a dog? _____ Yes _____ No

Is there a person with special needs in your home? _____ Yes _____ No

Describe: _____

Are you able/willing to take a dog to a training class? _____ Yes _____ No

How many hours per day would the dog spend alone? _____

Are you able/willing to actively exercise a dog daily? _____ Yes _____ No

Where would the dog be at night? _____

Do you have: A fenced yard? _____ Yes _____ No A Dog run? _____ Yes _____ No
Shade shelter in your yard? _____ Yes _____ No

Why do you want to adopt a released dog from Assistance Dog Network?

Have you owned a dog in the past? If yes, what become of that dog?

What other pets do you own? _____

Do you have a breed or gender preference?

Please check yes or no if you would be willing to accept the following characteristics in a dog and comment where appropriate:

			Comments
Shyness	_____ Yes	_____ No	
Very Active	_____ Yes	_____ No	
Medical Problems	_____ Yes	_____ No	
Dominance	_____ Yes	_____ No	
Chases cats or other animals	_____ Yes	_____ No	
Does not get along with other dogs	_____ Yes	_____ No	
Potential for excessive barking	_____ Yes	_____ No	
Potential for chewing or digging	_____ Yes	_____ No	

When would you be willing to adopt an appropriate dog?

How did you hear about Assistance Dog Network?

If your situation changes and you are no longer interested in adopting a released dog, please let us know.