NEWPORT BEACH ANIMAL SHELTER DOG ADOPTION APPLICATION

Dog's Name: ______________________

Please answer every question in order for your application to be considered. Completing an application is not a guarantee of adoption.

Your Name: ____________________________  Driver License: ___________ State: _______

Street Address: ____________________________  City, State, ZIP: ____________________________

Home Phone Number: ________________________  Work or Cell Number: ________________________

Email Address: ________________________________________________________________

Are you the head of household? Yes / No  If you answered No, the head of household must fill out the application or we cannot consider it even if you are an adult living in the home.

Please list ALL of the pets you have had in the past 5 years and those you currently own:

<table>
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<th>Type / Breed</th>
<th>Sex</th>
<th>Age</th>
<th>Neutered?</th>
<th>Licensed (dog only)?</th>
<th>Where is this pet now?</th>
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<td>(If pet died, please list at what age and reason)</td>
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Why do you want to adopt this dog? Please circle all that apply

Personal or Family Companion / Guard Dog / Companion for Other Pet / For Children / Gift

How many adults are in your household? ______  Ages: _________________________________

How many children? ______  Ages: _________________________________

Do you have a roommate?  If Yes, how many?

Has every member of your household agreed to adopting this dog? ____________________________

If this has not been discussed at great length, please complete application when that has occurred.

Does any member of your household have allergies or asthma? ______  If yes, please describe: ____________________________

Is someone home during the day? ______  If so, who? ____________________________

How many hours will this dog be alone each day? ____________________________

Where will this dog be kept when it is left alone? ____________________________

Where will this dog be kept when you are at home? ____________________________

Where will this dog sleep at night? ____________________________

Who will care for this dog when you are on vacation or out-of-town? ____________________________

Do you live in a ___house  ___townhome/condo ___apartment  ___duplex  ___mobile home
Do you ___own   ___rent   ___other    Landlord Name/Number: ______________________________________________

If you move (locally, out of state, or out of the country) what will you do with this dog?

Do the costs of vaccinations, medical care, licensing, grooming, boarding, supplies, and/or general upkeep of your dog present any financial problems for you? (The annual cost associated with providing responsible care to a healthy dog is approximately $800)

Are you willing to housebreak this dog if needed?

Do you plan to take this dog to obedience/training classes?    If so, do you know where?

Are you prepared to make a commitment of 10 to 18 years to this dog?

Do you have a fenced   ___yard   ___patio   ___both

If you do have fencing, what type is it?    What is the fence height at the lowest point?

Do you have a pool?    If so, is the pool gated?

Which reasons are acceptable for giving up your dog? (check all that apply)

___fence jumping  ___allergy  ___moving  ___housebreaking accidents
___biting  ___showing teeth  ___marking in house  ___chewing/destructive behavior
___too active  ___illness  ___hides for a week  ___digging
___barking  ___non-compatible with other pets

If you did not mark any reasons, why not?

Have you ever had to give up a pet?    If so, when and why?

If your dog gets sick, what will you do?

Who is your current veterinarian? (name and phone number please):

Have you ever adopted any animals from the Newport Beach Animal Shelter before?
If yes, do you still have this/those animal(s)?

Have you completed an application to adopt an animal from our shelter in the past 12 months?
If yes, which animal (name)?

Your application will be reviewed along with all others received by Animal Control personnel to ensure that the best home possible is selected for this animal. Animals are not adopted solely on a first come, first served basis. The completion of this application is not a guarantee of adoption.

Incomplete application forms are grounds for denial of adoption application. We reserve the right to refuse the adoption of any animal.

I hereby certify that the above answers are true, to the best of my knowledge, and I understand that if approved, I must sign and abide by an Adoption Agreement.

_______________________________________
Applicant Signature
FOR OFFICE USE ONLY

| Accepted by: __________________ | Completed search for prior records: ____________________________ |
| Date received: __________________ | Time received: ____________________________ |
| Interviewed by: __________________ | Date interview conducted: ____________________________ |
| Comments: |

| ______ Recommend Adoption | ______ Do Not Recommend Adoption |

| Visits by applicant: |
| Date: |
| Date: |

| ______ Approved | ______ Denied | ______ Good app/Not right fit | By: __________________ |
| Potential match: |

| Date applicant contacted: __________________ | In person / By phone / Left message |
| Comments: |