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:

Type / Breed	*Sex*	*Age*	*Neutered?*	*Licensed (dog only)?*	*Where is this pet now?* (If pet died, please list at what age and reason)

Why do you want to adopt this dog? *Please check 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

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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: