

W.A.G. Adoption Application

Name of Dog _____ Control # _____

Case Worker _____ Best Time to Call _____

Please Print Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone # (H) _____

Email Address _____

The answers you give on this application will help us to find the best possible match between you and the dogs available through WAG. Thank you.

1. Do you live in : _____ House with fenced yard (room to run) _____ Farm/Ranch with acreage
_____ House with small fenced yard ___ If renting, are you allowed to have a dog? ___ yes ___ no
Landlords' Name _____ Phone # _____

2. Where do you intend to keep the dog? ___ Indoors ___ Outdoors ___ Both If outdoors,
what type of shelter would be provided? _____

Approximately how many hours a day will your dog be left alone? _____

3. How will the dog be safely confined to your property? ___ fence. How high? _____
Other: _____

4. How will you insure your dog can be identified?
___ License Tag ___ Micro chip ___ Tattoo ___ Pet tag ___ other _____

5. Housetraining a dog may take several days or weeks. Do you need some
education materials on housetraining? ___ Yes ___ No

6. Reason for adopting this dog? (Check all that apply)

Companion for: ___ Me ___ Children ___ Other pet ___ Gift ___ Protection ___ Hunting

7. Number of people in this household # of Adults _____ # of Children _____
Ages _____

8. Who will be your dogs's primary caretaker? _____

9. What is your training plan for your new family member? _____

10. Do you have any pets at the present time? Yes No

If yes, please list the species, breed, age and sex of each animal in your household:

Are all shots current on the above pets? Yes No If "no", please explain:

Are all of the pets listed above spayed or neutered? Yes No If "no", please explain:

11. I authorize WAG to contact the following references:

Veterinarian: _____ phone _____

Personal reference (non-related): _____ phone _____

Personal reference (non-related) _____ phone _____

(2nd personal reference required if no veterinarian or groomer is provided)

Groomer: _____ phone _____

(Please include the names of pets seen by the veterinarian and groomer.)

12. Have you had other pets in the last five years? Yes No

What happened to them? _____

13. Would you be willing to let a representative of WAG visit your home by appointment?

Yes No If "no", why not? _____

How did you find out about WAG? _____ Newspaper _____ Friend _____ Radio

Other _____

All information I have given above is true and complete. I have read, signed and agree with W.A.G.'s Terms of Adoption. This dog will reside in my home as a pet. I will provide it with adequate food, water, shelter, training, affection, and medical care.

I understand that W.A.G. is a referral service run by volunteers and not responsible for the accuracy of information received about the temperament, habits or physical condition of dogs available for adoption. I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adopt it. W.A.G. is in no way liable or responsible for any damage, accident or injury resulting from the placement of a dog into, my household.

Signed: _____ Date: _____

Signed: _____ Date: _____

WAG is run by volunteers with multiple responsibilities. While we would like to be able to notify every applicant of their application status, we cannot commit to that. Please feel free to call the Adoption Counselor with any questions about your application or the dog for which you have applied.