



P.O. Box 180956
Coronado, CA 92178-0956
www.pawsofcoronado.org
info@pawsofcoronado.org
(619) 435-8247 or (619) 437-0220

Dog Adoption Application

501(c)(3) EIN# 06-1680429

Form with fields: Name, Spouse/Roommate, Address, City, Zip, Phone, E-Mail, Dog's Name, Breed, Color, Age, Sex, Occupation

- 1. Type of dwelling: House \_\_\_ Condo \_\_\_ Apt \_\_\_ Mobile Home \_\_\_ Military \_\_\_
2. How long have you lived there?
3. Do you rent? Yes \_\_\_ No \_\_\_
4. If "yes" do you have landlord's permission to have a dog there? Yes: \_\_\_ No: \_\_\_
5. May we contact your landlord? Yes \_\_\_ No \_\_\_ Phone: \_\_\_
6. Name of Veterinarian: \_\_\_ Phone: \_\_\_
7. Would you object to a home visit? Yes \_\_\_ No \_\_\_
8. Will you agree to keep an I.D. tag on this dog? Yes \_\_\_ No \_\_\_
9. How many hours a day will the dog be left alone?
10. What other animals do you currently own? # of dogs: \_\_\_ # of cats: \_\_\_ Other \_\_\_
11. Have you previously owned dogs? Yes \_\_\_ No \_\_\_
12. List ages of all children living at home:
13. Do you have a fenced yard? Yes \_\_\_ No \_\_\_

14. Do you have a swimming pool/spa? Yes \_\_\_ No \_\_\_ Is the pool fenced? Yes \_\_\_ No \_\_\_
15. Where will the dog stay when you're gone? Inside\_\_\_ Outside\_\_\_ Have a doggie door\_\_\_
16. Where will the dog stay when you are home? Inside \_\_\_ Outside \_\_\_ Both \_\_\_\_\_  
If outside, is there shade and protection from rain? Explain : \_\_\_\_\_
17. There is a critical adjustment period for a new dog. How long would you stay with the dog before you left it completely alone? Hours \_\_\_\_\_ Days \_\_\_\_\_
18. Where will the dog sleep? (Please be specific): \_\_\_\_\_
19. Are you a frequent traveler? Yes \_\_\_\_\_ No \_\_\_\_\_  
While out of town, how would you provide for the dog's care? \_\_\_\_\_  
\_\_\_\_\_
20. Who would be responsible for feeding, grooming and training the dog? \_\_\_\_\_
21. We may not be aware that this dog will dig, bark or chew when left alone. How would you deal with it if this was the case? \_\_\_\_\_
22. Why do you want a dog? Companion \_\_\_\_\_ For children \_\_\_\_\_ For other pet \_\_\_\_\_
23. Is anyone in your household allergic to animals? Yes \_\_\_\_\_ No \_\_\_\_\_
24. How did you learn about this dog? Newspaper \_\_\_ Website \_\_\_ Shelter \_\_\_ Other \_\_\_
25. Do you realize that routine and annual medical care is expensive? Are you prepared to accept this kind of responsibility for the life of a dog that may live 10 years or longer?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- What would you estimate the annual medical costs to be? \_\_\_\_\_
26. What will happen to the dog if you move: Locally? \_\_\_\_\_  
Out of state? \_\_\_\_\_ Overseas? \_\_\_\_\_

I certify that the above is true, and that any false information may result in nullifying the adoption.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** Applications are taken and reviewed by the organization.  
Adoption fee due upon placement of the dog.