

Name	Dog's name		Home phone	Age	Date
Address			Work phone	Are you a student?	
City	State	Zip	Cell phone	If student,	
This residence is Do you?			Email		
How long have you lived at this residence?			If you rent, please provide the following information:		
If less than a year, please provide previous address			Landlord		
			Contact	Phone	
			Are dogs allowed?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Will dog reside with you at current address? <input type="checkbox"/> yes <input type="checkbox"/> no			Is pet deposit required?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have other people that live with you?			If yes, has it been paid?	<input type="checkbox"/> yes <input type="checkbox"/> no	
If so, how many?	Please give ages				
Has anyone that will reside with the dog had allergic reaction to dogs? <input type="checkbox"/> yes <input type="checkbox"/> no			Are they with you today? <input type="checkbox"/> yes <input type="checkbox"/> no		
Have they had previous experience with dogs as pet(s)? <input type="checkbox"/> at home <input type="checkbox"/> with friends or relatives <input type="checkbox"/> other					
Are you adopting this dog as		Who will be financially responsible for necessary vet care?		Who will be responsible for daily care and feeding?	
Are you aware of the necessary annual shots for dogs? <input type="checkbox"/> yes <input type="checkbox"/> no					
Are you familiar with (check all that apply)? <input type="checkbox"/> Canine Parvovirus <input type="checkbox"/> Heartworm prevention <input type="checkbox"/> Heartworm treatment <input type="checkbox"/> Rabies					
Are you aware of the common household products and plans that are toxic to pets? <input type="checkbox"/> yes <input type="checkbox"/> no					
If you are adopting a puppy, have you had previous experience with puppies? <input type="checkbox"/> yes <input type="checkbox"/> no					
Who is your veterinarian?		Phone		Under what name are vet records listed?	
Previous vet?		Phone		Name	
Do you prefer that the dog live:		During the day?		At night?	
		Do you have a pet door?			
Will someone be home with the dog during the day? <input type="checkbox"/> yes <input type="checkbox"/> no			Will dog be alone for extended periods due to work or travel? <input type="checkbox"/> yes <input type="checkbox"/> no		
Will the dog be?			If yes, how long (hours per day)		
If yard is fenced, please provide the following:	Type		Height Approximate area fenced?		
	How many sides are fenced?		Are there any holes in or under fence? <input type="checkbox"/> yes <input type="checkbox"/> no		
	Is there direct access from house to fence? <input type="checkbox"/> yes <input type="checkbox"/> no		Is there shelter in fenced area? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what kind?		
Will you travel frequently? <input type="checkbox"/> yes <input type="checkbox"/> no		If so, will dog travel with you? <input type="checkbox"/> yes <input type="checkbox"/> no		While you are away	
If you have had dogs in the past, please answer the following:					
How many dogs have you had (as an adult)?					
Briefly explain what happened to these dogs (ran away, died, hit by car, etc.)					
If you currently have pets at home please indicate how many: dogs cats birds other					
Please provide information on dog(s) you currently have:					
Name	Breed	Age (years)	Gender	Spayed/Neutered	
Has current dog(s) been around other dogs? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> sometimes					
What type of heartworm prevention treatment do use?					

Please provide information on cat(s) you currently have:

Name	Breed	Declawed	Age (years)	Gender	Spayed/Neutered

Has current cat(s) been around dogs?  yes  no  sometimes

Have you ever adopted from a shelter?  yes  no Was it a positive experience?  yes  no

Have you ever taken an animal to a shelter?  yes  no If so, please explain

How did you hear about Alabama Animal Adoption Society?

I submit that the information provided on my application is true and correct to the best of my knowledge.

(If submitting application on-line, enter name and email address in place of signature)

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Note that completion of this application does not guarantee adoption. AAAS reserves the right to refuse any adoption, but will give your application ever consideration.

**AGA Use Only:**

Received by: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Vet reference: \_\_\_\_\_ Comments: \_\_\_\_\_

Landlord: \_\_\_\_\_ Pet deposit: \_\_\_\_\_ Comments: \_\_\_\_\_

Fence condition: \_\_\_\_\_ Comments: \_\_\_\_\_

Other volunteer comments: