

DOG ADOPTION APPLICATION

SHAMROCK FOUNDATION, INC.

Send to: 9500 Cedar Look Dr. Louisville KY 40291

www.shamrockpets.com 502-585-3220

Date: _____ How did you hear about this dog? _____

Name or type of dog you want to adopt: _____ Male or Female
Breed: _____ Age: _____ Color: _____

Your name: _____ Phone/cell _____
Address: _____ Work phone _____
_____ Zip _____
Email _____

Number of people currently living in the household: _____ Ages of children in household _____

List the dogs and cats you have owned in the past 5 years. Do you have a dog ___ or cat ___ now?

Are all your animals spayed or neutered? If not, why not? _____

- | | | | |
|--------------|-----------|--------------|-----------|
| 1. Dog _____ | Age _____ | 4. Cat _____ | Age _____ |
| 2. Dog _____ | Age _____ | 5. Cat _____ | Age _____ |
| 3. Dog _____ | Age _____ | 6. Cat _____ | Age _____ |

Name of your vet, if you have one: _____ Phone # _____

Do you own ___ house ___ townhome ___ patio home ___ Farm

Do you rent ___ house ___ townhome ___ apartment - what floor are you on? ___ Farm ___

Are you allowed to have a dog? ___ Size limit _____

How much is the pet deposit? _____ Is there an additional monthly charge per pet? _____

Property Manager Name: _____ Phone # _____

Will this dog be kept.... ___ Inside ___ Outside Inside/outside _____

Is your yard **completely** fenced? ___ What type of fencing? _____

How high is the fence? ___ Are the fence and gate secure? _____

Where will the dog stay --at night? _____

--when you are at work? _____

--when you are out of town or during an emergency? _____

If you move, what will you do with your dog? _____

References (Not living with the applicant)

1. Name _____ Phone/cell _____

2. Name _____ Phone/cell _____

I give permission for a representative of the Shamrock Foundation to verify the above information.

Applicant's signature _____
Email to: adoptions@shamrockpets.com

Application taken by... _____

1-2006