



The Shamrock Pet Foundation, Inc.

P.O. Box 24033 • Louisville, KY 40224-0033 • (502) 585-3220

Dog Adoption Application

Please fill out the application below to the best of your ability. In the menu on the right, click on "fill & sign" then fill in the blanks and click on the SUBMIT button below. One of our members will be in contact with you once we receive and process your application. .

Date _____

Applicant Information

Last Name _____
First Name _____
Street Address _____
City _____
State _____ Zip _____
Cell Phone _____
Work Phone _____
E-Mail Address _____
Number of adults currently living in household _____
Number of children currently living in household _____
Ages of children (under 18) _____

What is Your Home Situation?

___ Own ___ Rent
___ House ___ Townhome ___ Patio Home ___ Farm
___ Apartment – what floor? _____
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's Name and Phone Number: _____

What will be Your Dog's Living Situation?

Active or sedentary lifestyle? _____
Where will the dog be kept? ___ Inside ___ Outside
Is your yard completely fenced? _____
How large is the fenced-in area? _____
What type of fencing? _____
How high is the fence? _____
Are the fence and gate secure? _____
How many hours a day will the dog be left alone? _____
How many hours a day will the dog be crated?
--While at work? ___ At night? ___
Where will the dog stay
--at night? _____
--when you are at work? _____
--when you are out of town? _____
--during an emergency? _____
If you move, what will you do with your dog? _____

Applicant's Preference

Do you already know which dog you want to adopt?
___ Yes ___ No (If No, skip down 3 lines.)
What is the dog's name? _____
How did you hear about this dog? _____
What type of dog do you want to adopt? ___ Male ___ Female
Breed: _____ Color: _____
Age: ___ Puppy ___ Young ___ Adult ___ Senior ___ Special Needs
Size: ___ Teacup ___ Toy ___ Small ___ Medium ___ Large ___ XLarge
Temperament: ___ Cuddly ___ Couch Potato ___ Laid Back ___ Athletic
___ Independent ___ Protective ___ Other _____

Do you have a dog or cat now? How many?
___ Yes, ___ dog(s). ___ Yes, ___ cat(s). ___ No pets currently.
Are all your animals spayed or neutered? ___ Yes ___ No
If no, why not? _____
Have you ever given a pet away (to a person or shelter) or sold it?
___ Yes ___ No If yes, why? _____

List the dogs and cats you have owned in the past five years. List ages.
Dog _____ Cat _____
Dog _____ Cat _____
Dog _____ Cat _____
Dog _____ Cat _____

Name of your vet: _____
Phone Number: _____

Please provide us with at least two references who are not family members or living at the same address as you:

Name: _____
Phone #: _____
Name: _____
Phone #: _____

I give permission for a representative of the Shamrock Foundation to verify the information on this form.

Applicant's Signature _____

DO NOT WRITE BELOW THIS LINE

___ Accepted _____
___ Declined _____

SHAMROCK PET FOUNDATION Representative

Date
Rev. 4/1/17

Please be assured we will do everything we can to make sure the dog you adopt from us will be the best match for your lifestyle and living situation.