



The Shamrock Pet Foundation, Inc.

adoptions@shamrockpets.com

Dog Adoption Application

Please fill out the application below to the best of your ability, save it to your computer, and send it back to us via email at adoptions@shamrockpets.com. If you are using the SUBMIT button from our website, please read the instructions on the drop-down menu for "Adoptable Dogs" under the "Adoptions" tab. If you need help filling out the form and sending it, please contact us with your phone number and the best time to call you back.

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.
Name/Age/Breed _____
Name/Age/Breed _____
Name/Age/Breed _____
Name/Age/Breed _____

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
Updated 11/14/18

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.