



# The Shamrock Pet Foundation, Inc.

Dog Committee, 9500 Cedar Look Dr., Louisville, KY 40291

[adoptions@shamrockpets.com](mailto: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](mailto: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 \_\_\_\_\_  
Email 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? \_\_\_\_\_  
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  Either  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age:  Puppy  Young  Adult  Senior  Special Needs  
Size:  Teacup  Toy  Small  Medium  Large  XLarge  
Temperament:  Cuddly  Couch Potato  Athletic  Laid Back  Any  
 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. (Please note if alive or deceased.)  
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 \_\_\_\_\_

*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.*

SHAMROCK PET FOUNDATION Representative

Date  
DAA – Rev 12/30/18