

# Yolo County Animal Services Dog Adoption Application

AS# \_\_\_\_\_  
Landlord Approval \_\_\_\_\_  
Animal Tested \_\_\_\_\_  
Kids to Meet \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

What characteristics are you looking for in a dog ? \_\_\_\_\_  
\_\_\_\_\_

This pet will be:

A companion  For children  Company for other pets  Hunting

A guard dog  A gift  For \_\_\_\_\_ Other  \_\_\_\_\_

What type of place do you live in? House  Apartment  Condo  Other  \_\_\_\_\_

You: Own  Rent  Other  \_\_\_\_\_

If you rent do you have permission from your landlord to have pets? Yes  No

Landlord's name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Do you have a fenced yard? No  Yes  How large? \_\_\_\_\_

Type of fence \_\_\_\_\_ Height of fence \_\_\_\_\_

Do you have a pool? No  Yes  If so, is it enclosed? \_\_\_\_\_

Fence type \_\_\_\_\_ Fence height \_\_\_\_\_

What is your normal work schedule? \_\_\_\_\_  
\_\_\_\_\_

During the day the dog will be: inside  outside  both  other  \_\_\_\_\_

At night the dog will be: inside  outside  both  other  \_\_\_\_\_

When left alone the dog will be: inside  outside  both  other  \_\_\_\_\_

How many hours will the dog be left alone daily? \_\_\_\_\_

How many people are in the household?

Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of children \_\_\_\_\_

Who will be primarily responsible for the animal? \_\_\_\_\_

Is anyone in the household allergic to animals? Yes  No  Unknown

What length of time do you consider an appropriate adjustment period for a dog? \_\_\_\_\_

Are you willing to take the dog to formal training? \_\_\_\_\_

What behavior/event would cause you to return this dog? \_\_\_\_\_

Have you ever adopted from an animal shelter? No  Yes  When? \_\_\_\_\_

Have you ever turned an animal into a shelter? No  Yes  When? \_\_\_\_\_

If yes, please give circumstances \_\_\_\_\_

Please list all current pets and pets previously owned within the last year.

Type/Breed	Age	Sex	Altered?	Length Owned	Where is the animal now?

I hereby certify that the information provided above is true and understand that if any information is proven false, all agreements or contacts made by Yolo County Animal Services may be subject to cancellation.

Adopters Signature \_\_\_\_\_ Date \_\_\_\_\_

Shelter Representative \_\_\_\_\_ Date \_\_\_\_\_

Approved  Declined

Staff Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_