



**ANIMAL ADOPTION LEAGUE**  
 PO Box 2453  
 Rock Hill, SC 29732

**APPLICATION FOR CANINE ADOPTION**

Date:	Name of dog desired:	Color(s):
Age of dog desired:	Oldest dog considered:	Approx. weight as an adult dog:
<b>Applicant Information</b>		
Name:		
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
<b>Co-Applicant Information</b>		
Name:		Relationship:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
<b>General Information</b>		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
If rental, are dogs allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Max. Size:
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road		Speed limit:
Where will dog live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the dog spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how high?
Will you allow the dog to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where?
How many hours per day will the dog be alone?		Where will the dog stay when left alone?

To check the Checkboxes () press the spacebar over the applicable answer.



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Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)
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In the absence of the primary caregiver, who will care for the dog?

Under what circumstances would you return the dog to us?  New Job  Divorce  New Baby  Move  Illness  
 Other – specify

Are you willing to take responsibility if this pet acquires an illness for tests positive for heartworms?  Yes  No

Are you willing and able to pay the veterinary costs of caring for your new pet?  Yes  No

Are you willing to take the time to work with a dog on housebreaking or chewing, if such problems arise?  Yes  No

Would you consider obedience training for your new dog?  Yes  No

How much time are you prepared to allow for your new pet to adjust to your home?

**Pet Information**

Have you had pets in the last five years?  Yes  No      If yes, complete the following chart

<i>Name of Pet; Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past vet name of clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you consider your dog a part of the family?  Yes  No      Will your dog be on heartworm prevention?  Yes  No

Are you aware that a dog is a large and lifelong commitment?  Yes  No

How did you hear about the AAL? \_\_\_\_\_ Would you like to become a volunteer?  Yes  No

**Personal References**

# 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Comments: \_\_\_\_\_