



Dog Application

1823 Magazine Street • New Orleans, Louisiana 70130
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 www.southernanimalfoundation.org

Please complete this application completely so that we can match you with right dog. This form and an interview with an adoption counselor will help you find the dog most compatible with your lifestyle. Fill out the application in its entirety. **Incomplete applications are not considered eligible.**

IN ORDER TO BE CONSIDERED AS AN ADOPTER YOU MUST:

- Be at least 21 years of age.
- Have identification showing your present address.
- Have the knowledge and consent of your landlord.
- Be able and willing to spend time and money necessary to provide training, medical treatment and proper care for a pet.

Name of Applicant:	Date:
Street Address:	
City:	State:
Zip code:	
Phone number:	Cell Number:
Work Number:	Date of Birth:
Email:	Drivers License Number:
Occupation:	

<i>Pet History</i>				
Describe in detail the kind of dog you are looking for.				
Would this be your first dog? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Companion	<input type="checkbox"/> House Pet	<input type="checkbox"/> Hunting		
<input type="checkbox"/> Companion for other pet	<input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Personal Protection		
What kind of pets do you currently have? <i>(Include age, sex, breed and date of last veterinarian visit)</i>				
Species	Last Veterinarian Visit	Age	Sex	Breed
Are they current on their vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure				
Have you had any other animals in the past? Please list.				
What happened to the ones you no longer have?				
Are/were your pets spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure				
Have you ever turned your dog over to a shelter? If yes please explain why: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Have you ever had a pet euthanized? If yes, please explain why:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your current pets be able to adjust to a new dog in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your last dog obedience trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Your Household</i>	
Do you rent or own your residence?	<input type="checkbox"/> Rent <input type="checkbox"/> Own
If you rent please provide your landlord's contact information: <i>If you rent, a SAF counselor will call your landlord for approval.</i>	
Name:	Phone number:
How many adults live at your residence?	
How many children?	Ages of children:
Does any member of your household have an allergy to animals? If yes, whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where will the dog be kept during the day?	
Where will the dog be kept at night?	
How many hours each day will the dog be home alone?	
Is your yard fenced in completely? If yes, type of fence (<i>material, height</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a doggie door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there times when the dog will be tied up? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your residence have a pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pool fenced in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you must move, will you take the dog with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Pet Care</i>	
If your new dog/puppy is not housebroken, what method will you use to train it?	
Who is your veterinarian?	Phone Number:
Are you aware dogs need annual vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to keep the dog up to date on its vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to exercise the dog on a regular basis? Type of exercise:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you drive a pickup truck, would you allow the dog to ride in the back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you go away for a few days or on vacation, who will take care of the dog?	
How much are you willing to spend on medical bills for your dog? <input type="checkbox"/> up to \$100 <input type="checkbox"/> up to \$500 <input type="checkbox"/> up to \$1,000 <input type="checkbox"/> up to \$5,000 <input type="checkbox"/> whatever it takes	
What would you do if the veterinary bills exceed your pre-set limit?	
Do you know what heartworm disease is? If yes, describe the disease and its transmission below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completion of this application does not guarantee adoption of a Southern Animal Foundation dog.	