

# **PET PROJECT, INC.**

## **ADOPTION APPLICATION**

Please fill out, save file to your computer as a Word document or PDF, and e-mail as an attachment to:

**petprojectinc@gmail.com**

**OR**

Print, fill out by hand, and mail it to: **Pet Project Inc, PO Box 163, Ottawa, IL 61350**

**PPI** is dedicated to finding the very best homes for our shelter dogs. To meet this goal, we carefully scrutinize all applications. We check all veterinarian and personal references and confirm rental arrangements with landlords. If you are serious about adopting a dog, please complete the application IN FULL. Questions left blank will only slow the adoption procedure.

Please CHECK or FILL IN the appropriate choices throughout this questionnaire.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Married Single Roommates Date of Birth: \_\_\_\_\_

What is the name or names of the dog(s) you are applying for? \_\_\_\_\_

How many adults in household? \_\_\_\_\_ Children: \_\_\_\_\_

Ages and gender of children in household: \_\_\_\_\_

Do you RENT or OWN? House Townhouse Condo Apartment Trailer

If you rent, do you have landlord's permission to keep a dog? Yes No

How long at this address: \_\_\_\_\_ Landlord: \_\_\_\_\_ Phone# \_\_\_\_\_

If you move where dogs are not allowed, what would you do with the dog? \_\_\_\_\_

Have you ever owned a dog before? Yes No

If not, why is it important that you adopt a dog now? \_\_\_\_\_

Does the entire family want a dog at this time? Yes No

If there are any drastic changes in your lifestyle, will your dog be considered part of the adjustment? (i.e., getting married, divorced, having children, moving to an apartment) ? Yes No

Do you have a regular veterinarian/vet clinic? Yes No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Where will the dog be when home alone? \_\_\_\_\_

Who will be responsible for the care of the dog? \_\_\_\_\_

Please list **all** the animals you have owned for the past 10 years and note whether they are still with you or are deceased:

Do you have a completely fenced yard suitable for a dog? Yes No

Do you have a kennel run? Yes No

Describe fence/kennel, type, height, and approx.size: \_\_\_\_\_

If no fenced yard/kennel, how will you handle a dog's exercise and toilet needs?  
\_\_\_\_\_  
\_\_\_\_\_

My dog will be kept in (one or more of the following, check all that apply):

- Home
- Garage
- Basement
- Outdoors
- Tied-out
- Crate
- Outdoor kennel
- Fenced yard

Crate training is highly recommended when introducing a new dog into your home. Crates provide the dog with their own space and often provide a sense of comfort/security for the dog. It also provides a safe place to keep your pet while you are away, and protects your property as well as the dog's well being.

Will your new dog be crate trained? Yes    No

Obedience classes often help speed the bonding process between you/family members and your new pet. Will you consider attending dog obedience Classes? Yes    No

Are you prepared for chewing, digging, scratching, house training, and/or mischievous behavior? Yes No

How will you reprimand your dog? \_\_\_\_\_  
\_\_\_\_\_

It may take several months for your new dog to adjust to its new home and family. How will you handle this?

\_\_\_\_\_

What behavior would cause you to return the dog to Pet Project, Inc.? \_\_\_\_\_

\_\_\_\_\_

Have you ever returned a dog or given up a dog in the past? \_\_\_\_\_ If yes, what was the reason(s) for returning/giving up a pet? \_\_\_\_\_

\_\_\_\_\_

Do you have time, patience, love and physical ability to exercise a dog? Yes    No

Are you prepared for the close personal attention a dog requires? Yes    No

Are you willing to commit to owning a dog for the next 10 to 15 years? Yes    No

Do you understand the importance of routine/regular/yearly preventative vet care for your dog, for example: annual OR 3-year (preferred) rabies/other vaccinations, heartworm checks and preventatives (yearly) and agree to care for your dog in a humane manner by providing proper veterinary care? Please explain: \_\_\_\_\_

\_\_\_\_\_

What will you feed your dog? \_\_\_\_\_

How many times a day will you feed your dog? \_\_\_\_\_

To which, if any, other shelters or rescues have you applied to within the last year?  
\_\_\_\_\_  
\_\_\_\_\_

Who recommended you contact Pet Project, Inc. or where did you hear about us? \_\_\_\_\_

**Please give us a NON-FAMILY reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**My signature below certifies that I have read and understand the following:**

**1) That the above statements about myself and my history with companion animals are true and correct. I understand that PPI reserves the right to refuse any applicant for any reason at any time. Any misrepresentation of facts will result in my application being rejected. By signing this document I verify that I am of 21 years of age or older. My signature to this application also allows my present (or previous) veterinarian or animal hospital/clinic to release the requested information to a PPI volunteer regarding my current or previously owned pets for the purpose of my eligibility in adopting a new pet.**

**2) I will not hold PPI or any of its volunteers or representatives responsible for any damage/injury to myself/family members/others or my property incurred once the animal has been released from their care.**

**I certify that the above information is true and correct:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_