

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:

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: _____