

ANIMAL PROTECTION LEAGUE OF SC, INC.
PO Box 5354, Columbia, SC 29250 (803)783-2119

APPLICATION TO ADOPT/FOSTER A PUPPY/DOG

Instructions: Please read this application, fill in the blanks, sign it, and return it to us at the address above or give to an Animal Protection League of SC, Inc. (APL) representative. The information you provide in this application and during our interview will help us find a good match for you. This form must be completed prior to adoption of an APL dog. Please answer all questions to speed up the interview process.

Name _____ Spouse/Partner/Roommate _____
Address _____ City _____ State _____ Zip Code _____
Phone(H) _____ (W) _____ e-mail _____
Occupation _____ Employer _____ WorkSchedule _____
Age: Under 21 21 – 30 31 – 40 41 – 50 51 – 60 61 – 70 71 – 80 Over 80

Please list three personal references and their relationship to you:

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

Your veterinarian:
Name _____ Address _____ City _____ State _____ Zip _____

May we call your veterinarian for a reference? Yes No Tel #: _____

Pease describe the kind of dog you are interested in adopting:

Age _____ Sex _____ Breed/mix _____ Size _____
Coloring _____ Hair Type _____ Temperament _____

Will it be a working dog? Yes No Will it be a hunting dog? Yes No

Can you commit to care for this dog for its whole life? Yes No

Why do you want a dog? _____

Why do you like the breed/mix you are interested in _____

PLEASE COMPLETE BACK OF THIS FORM

Please provide the following information about your pets (if any), your children (if any) and your home:

Your dogs:

How many dogs do you have? _____ Breed/mix _____ Ages _____

If none, have you owned any dogs in the last 10 years? Yes No What happened to them? _____

Did you: buy From breeder? From a store? Adopted from a shelter? Inherited? Rescued Other _____

Do your dogs have any physical problems? Y N Describe: _____ Any behavior problems? Y N Describe: _____

Any dominance problems? Y N Descrcribe: _____ Do they get along with other dogs Y N

Your children:

Do you have children? Y N Number _____ Ages _____ Have they ever been afraid of dogs? Y N

Do any of your children or any other person residing in your home have allergies to pets? Y N If so, how will you deal with this?

Your cats:

How many cats do you have? _____ Ages _____ Any behavior problems? Y N Do they get along with dogs? Y N

Are any of your cats declawed? Y N Were they declawed at the time you acquired them or did you have it done? Y N Had it done

Your home:

Number of adults? _____ Own Rent If you rent, do you have written permission from your landlord to have a dog? Yes No

Landlord's name _____ Telephone Number _____

Is it an apartment duplex townhouse single house mobile home other _____

Yard size? _____ fenced? Yes No privacy-all sides chain link-all sides underground Invisible height? _____

Are there any ordinances or restrictions in your county/community about dogs? Yes No Don't Know

How will your dog spend its days? (Check everything that applies)

- Indoors with whole or part house access Crated Basement Garage Open Porch Screened porch Sun room Chained
 Locked in room Fenced yard Loose in unfenced yard Tied Outside Dog House Kennel Run Outdoor pen

How will your dog spend its nights? (Check everything that applies)

- Indoors with whole or part house access Crated Basement Garage Open Porch Screened porch Sun room Chained
 Locked in room Fenced yard Loose in unfenced yard Tied Outside Dog House Kennel Run Outdoor pen

What will happen to your dog when you have to travel or have an emergency away from your home? (Check everything that applies)

- Pet sitter Family member will look after Board at kennel Will take with me Leave in yard Leave in house

How many hours do you leave your pets alone each day while your work? 2-4 4-6 6-8 8-10 10-12 12-14

Are you financially able to provide monthly heartworm prevention for your pet Yes No

Home visit. I/we agree to allow you to visit my/our home by appointment as part of your follow-up process. Yes No

Application Information. All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly. Yes No

Date: _____ Signature of Primary Caretaker: _____ Roommate or Spouse: _____

Signature of APL Counselor: _____ Approved Yes No

If approved, the animal(s) being adopted is/are: _____

If not, why? _____

If not approved, were they given a referral to another agency? Yes No If so, who? _____

APL representatives are experienced animal welfare volunteers and their decision to adopt or decline will be final.