



Saving Pets One at a Time Dog Adoption Application

S.P.O.T
c/o 910 N. Burlington Blvd.
Burlington, WA 98233
FAX: 360-766-7804
360-416-8219

Dog of Interest: _____ Number: _____

Applicant Name(s) : _____

Mailing Address: _____ Street Address: _____

City: _____ State/Country/ZIP _____

Phones: (home) _____ (cell) _____ (email) _____

Place of Employment: _____ Wk. Ph: _____

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1. Are you at least 18 years old? YES NO ID or Driver License # _____
2. Do you own / rent your home? If you rent, please provide proof of permission for pet.
3. For whom are you adopting this dog? _____
4. How do you plan to keep your new dog confined to your property? Check all that apply:
 In the house Kennel or Crate Fenced Yard Tie-Out or Run-line In Garage Train to stay
 On Patio/Deck Outside Dog Run Other. Explain: _____
5. If 'Fenced Yard', describe fencing and yard: _____
6. Where will the dog be kept during the day? (Be specific) _____ Night? _____
7. List pets, other than dog(s), in household: _____
8. List other dogs: s-spayed, n-neutered, it-intact/gender/age (ie: s/f/3y or it/m/5m) _____

9. Please list prior pets and why they are no longer with you: _____

10. List all people living in your home by gender/age: _____
Anyone with special needs or handicaps? _____ Specify: _____
11. Do children come to your home regularly? YES NO Ages? _____
12. Do you own livestock or poultry? Specify: _____
13. What training method do you plan to use with your new dog? _____
14. What is the name of your veterinarian or one you plan to use? _____
15. What is your opinion of crate training or crating a dog? _____
16. S.P.O.T. may request to check your home and yard area. Do you have any objection to this? _____
17. What do you want in a dog? _____

CURRENTLY S.P.O.T. IS ONLY ACCEPTING CASH ADOPTION FEES

I understand that this is an adoption, NOT a sale and that pet adoption agencies reserve the right to postpone, refuse or rescind any adoption. I certify the above information to be true and understand that any false information may result in cancellation of the adoption.

Signature: _____ Date: _____

Adoption counselor: _____ Foster: _____

Adoption Fee: _____ Note: _____