



**Evidence of Love**  
a n i m a l c a r e

## Dog Adoption Application

Thank you for your interest in adopting a dog with Evidence of Love Animal Care (EOL). The purpose of this adoption application is to discover if the dog you are interested in is the best fit for your family and a compatible match with your life style. Completion of this application does not guarantee adoption of a dog.

Name of Desired Dog: \_\_\_\_\_

Why do you desire this particular dog: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Applicant

Applicant's Full Name (First, Middle Initial, Last)

Home Street Address, City, State, Zip Code

( )

( )

Home Tel

Mobile Tel

Applicant's Age

Personal Email Address

#### What is your marital status?

Married

Single

Divorced

Separated

Widowed

Other \_\_\_\_\_

#### Spouse:

Spouse's Full Name (First, Middle Initial, Last)

Spouse's Occupation & Company

( )

Mobile Tel

Personal Email Address

## Employment

**What is your employment status?**

- Employee     Self-Employed     Retired     Unemployed     Disability  
 Other \_\_\_\_\_

Company Name \_\_\_\_\_

Title \_\_\_\_\_ Occupation \_\_\_\_\_

Company Street Address, City, State, Zip Code  
( \_\_\_\_\_ ) \_\_\_\_\_

Office Tel \_\_\_\_\_ Work Email Address \_\_\_\_\_

## Animal

**How would you rate your level of dog handling experience?**

- First Time Owner     Intermediate     Advanced  
 Other \_\_\_\_\_

Describe level of experience \_\_\_\_\_

**What are your primary reasons for wanting a dog?**

- Companion dog     For the kids     Gift     For other pet     Watch dog  
 Other \_\_\_\_\_

**What is the preferred level of exercise with the dog?**

- Couch potato     Short walks     Long walks     Vigorous walks     Hike or jog  
 Other \_\_\_\_\_

**How often will the dog be exercised?**     Weekly     Daily     None

Other \_\_\_\_\_

**Where will the dog stay when he/she is home alone with no humans at home?**

- Dog crate     Run of the house     Backyard     Outdoor dog run     Kitchen  
 Bedroom     Bathroom     Laundry room     Garage     Patio  
 Other \_\_\_\_\_

**Do you plan to take the dog to dog parks?**     Yes     No

Other \_\_\_\_\_

**Do you have pet(s) now?**     Yes     No

If yes, list all the animals at your home. Use additional sheet, if needed:

<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Sex</b>	<b>Altered</b>
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N

**How many hours during each day of the week will the animal be left alone at home?**

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Where will the dog sleep at night?**

- Dog house                       Garage                       Kitchen                       Crate                       Patio
- Laundry room                       Backyard                       Spare room                       Master bedroom                       Kitchen
- Anywhere in the house                       Bathroom
- Other \_\_\_\_\_

**How would you discipline your dog if he or she misbehaved?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How will you train this dog?** Check all that apply

- Firm verbal commands     Hit with newspaper                       Obedience class                       Hire trainer
- Clicker/hand signals     No training is needed
- Other \_\_\_\_\_

**If the dog begins to exhibit some behavioral issues, are you willing to *hire and work* with a behaviorist/trainer to help your dog correct the behavior?**     Yes     No

Other \_\_\_\_\_

**Pets are an investment of your time and money. Can you afford to provide medical care, grooming, healthy diet, comfortable shelter and exercise for your new dog?**

- Yes     No
- Other \_\_\_\_\_

**Which of the following reasons will prompt you to give up your dog?** Check all that apply

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Excessive barking                     | <input type="checkbox"/> Bite people            | <input type="checkbox"/> Digging                 | <input type="checkbox"/> Job relocation     | <input type="checkbox"/> Growling at guests  |
| <input type="checkbox"/> Poor watch dog                        | <input type="checkbox"/> Shedding               | <input type="checkbox"/> Divorce                 | <input type="checkbox"/> Allergies          | <input type="checkbox"/> Aggressive on leash |
| <input type="checkbox"/> Dog cannot learn to house train       | <input type="checkbox"/> Excessive vet bills    | <input type="checkbox"/> Having a new born child | <input type="checkbox"/> Bite other animals | <input type="checkbox"/> Excessive energy    |
| <input type="checkbox"/> Occasional accidents indoors          | <input type="checkbox"/> Destructive chewing    | <input type="checkbox"/> Family Problems         | <input type="checkbox"/> Financial problems | <input type="checkbox"/> None of the above   |
| <input type="checkbox"/> New spouse/partner does not like dogs | <input type="checkbox"/> Chronic Animal Illness |  |   |  |
| <input type="checkbox"/> Other _____                           |   |  |   |  |

List all the animals you have had in the past as an adult and the length of time together. If they are no longer with you, please provide an explanation. Use additional sheet, if needed:

Name/Breed	Age	Period Together	Comments
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

## Family

List all occupants in your home:

Full Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does everyone in the household want to adopt this dog?  Yes  No

If not everyone, who is not wanting to adopt: \_\_\_\_\_

Do you have any children under 10 years old visiting your home?  Yes  No

Does anyone in your household have any kind of allergies including yourself?  Yes  No

If yes, describe \_\_\_\_\_

Do you have any illness, mental or physical disabilities that may affect your ability to fully care for the dog?

Yes  No

If yes, describe: \_\_\_\_\_

## Home Residence

**Type of dwelling:**

- House     Condo     Apartment     Town home     Mobile home  
 Other \_\_\_\_\_

- Is there a swimming pool on the property?**     Yes     No  
If yes, does the swimming pool have a perimeter fence?     Yes     No

- Do you rent or own?**     Rent     Own     Live with parents or relatives  
How long have you been living at this address? \_\_\_\_\_

- If renting, do you have your landlord's permission to have a dog?**     Yes     No     Not Applicable

**If renting, are there any physical limits on the size and breed of the dog you can have?**

- Yes     No     Not Applicable  
 Other \_\_\_\_\_

- If renting, may we contact your landlord?**     Yes     No

Landlord's name and phone number: \_\_\_\_\_  
\_\_\_\_\_

## Backyard

Only complete this section if you have a backyard.

**What type of backyard fencing do you have? Check all that apply**

- Chain link     Wood     Concrete wall     Wrought iron     Stucco wall  
 There is no backyard fencing  
 Other \_\_\_\_\_

**Height of fence?**    Highest point \_\_\_\_\_    Lowest point \_\_\_\_\_

**What is the condition of the fencing?**

- Excellent     Good     Fair     Poor     Not applicable  
 Other \_\_\_\_\_

- Is there any type of locks on the gates?**     Yes     No

Other \_\_\_\_\_

**Who has access to your yard?**

- Gardener     Pool man     Utility worker     Neighbor     Always left unlocked  
 No other persons have access to the yard  
 Other \_\_\_\_\_

- Do you have a doggie door?**     Yes     No

Other \_\_\_\_\_

## Other Info

### How did you find out about the dog?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Friend/family    | <input type="checkbox"/> Petfinder.com | <input type="checkbox"/> Poster flyer             | <input type="checkbox"/> Craig's list       |
| <input type="checkbox"/> Previous adopter | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Email                    | <input type="checkbox"/> Pet Adoption Event |
| <input type="checkbox"/> Face Book        | <input type="checkbox"/> AdoptAPet.Com | <input type="checkbox"/> Internet, specify: _____ |   |
| <input type="checkbox"/> Other _____      |  |   |   |

Additional comments and info you would like to provide: \_\_\_\_\_

All prospective applicants will be required to have a home safety check completed by an EOL member to ensure that the home is a safe and secure environment for the animal.

I understand that a home safety check by an EOL member is required: \_\_\_\_\_  
Initial

If you are adopting a puppy, he/she will be current on the DHLPP vaccines, rabies and have a micro-chip implant. If the puppy is under six months of age, the adopter will be responsible to pay for the spay/neuter surgery and will have a veterinarian perform the alteration surgery as soon as the puppy is old enough to undergo the surgery. A \$300 spay/neuter deposit will be required if the puppy is too young to be altered at the time of adoption. The certificate of alteration must be submitted to EOL within twelve (12) months of the adoption date in order to receive a full refund of the spay/neuter deposit otherwise said spay/neuter deposit shall be donated by Adopter to EOL.

There is a tax deductible donation of \$100 per adult dog and \$300 per puppy (under six months of age). All adult dogs adopted out are spayed/neutered, have a micro-chip implant and current on DHLPP vaccines and rabies.

I **CAN** give a tax deductible donation of \$100 / \$300 or \$\_\_\_\_\_ to help rescue, provide medical care, spay/neuter, board and place other abandoned animals. I understand that any donation or contribution is a gift freely given, not a purchase price for an animal \_\_\_\_\_  
Initial

Other / Shelter Adoption: \_\_\_\_\_

I certify this application has been completed with integrity and accuracy to the best of my knowledge. Please submit a copy of your current Driver's License.

Applicant Agreed and Acknowledged:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### Upon completion of this application, please fax, mail or email to:

Attn: Adoption Manager  
Evidence of Love Animal Care  
14622 Ventura Blvd. #300, Sherman Oaks, CA 91403  
Tel (818) 341-1000, Fax (818) 450-1006  
Email: adopt@evidenceoflove.org