

Adoption Application / DOGS

Excelsior Springs Animal Control Center

1298 S. Marietta

Excelsior Springs, MO 64024

Phone (816) 630-0816

Name of Dog



Please tell us about yourself.

Name _____

Address _____

City/State/Zip _____

Phone (____) _____ Phone (____) _____

E-mail address _____



- How did you hear about us? Family/Friend – Petfinder – Facebook – Other _____
- Are all members of your household in agreement about adopting a dog? YES NO
- For whom do you want to adopt this dog? _____
- How many people live in your household? _____ Adults _____ Children
- Tell us about the other pets you currently own.

- Provide your Veterinarian's Name, Address, and Phone number.

- Do you currently Rent? **YES / NO** If "yes," provide your Landlord's Name, Address, and Phone number.

- Do you plan to move in the near future? YES NO MAYBE
- Do you commit to providing a home for a dog for the next 15 years? _____
- Check the statement that best describes your home environment.
 - Calm and Quiet with few activities and little company.
 - Occasionally busy with family activities and some company.
 - Always busy with family activities and frequent company.



Please tell us about the kind of dog you are looking for.

● Type of dog desired: (check all that apply)

- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Puppy | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Large/Giant | <input type="checkbox"/> Medium | <input type="checkbox"/> Toy/Small | <input type="checkbox"/> Companion Dog |
| <input type="checkbox"/> Lap Dog | <input type="checkbox"/> Family Dog | <input type="checkbox"/> Guard Dog | <input type="checkbox"/> Protective Dog |
| <input type="checkbox"/> Inside Only | <input type="checkbox"/> Inside/Outside Dog | <input type="checkbox"/> Outside Only | <input type="checkbox"/> Hunting/Working Dog |
| <input type="checkbox"/> Calm Dog | <input type="checkbox"/> High Energy Dog | <input type="checkbox"/> Athletic Dog | <input type="checkbox"/> Other _____ |

● I use _____ to care for fleas, ticks and other parasites.

● I will take the dog to a Veterinarian when _____

_____.

● My yard **IS / IS NOT** fenced.

● I **DO / DO NOT** currently have a dog house.

● Who will be primarily responsible for the *care of your new dog?

* feeding, grooming, cleaning up after, exercising, training

Adults Children Pet Sitter Other _____

● The dog will be alone (without human companionship) for approximately _____ hours
_____ days a week.

● Where will the dog stay during the day?

Inside House Loose Inside House confined to a room Inside House kenneled or crated
 Garage/Porch Outside

● Where will the dog stay at night?

Inside House Loose Inside House confined to a room Inside House kenneled or crated
 Garage/Porch Outside

● I will address housetraining and behavioral problems that may arise by

_____.

● What circumstances might justify giving up a dog? (check all that apply)

| | | | |
|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Allergies | <input type="checkbox"/> New Baby | <input type="checkbox"/> New Dog or Cat |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Shedding | <input type="checkbox"/> Destructive behaviors | <input type="checkbox"/> Not Housetrained |
| <input type="checkbox"/> Vet Expenses | <input type="checkbox"/> Travel | <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Children lost interest |
| <input type="checkbox"/> None | <input type="checkbox"/> Other _____ | | |

● I **DO / DO NOT** have Animal Control Laws where I live.

● I **DO / DO NOT** need a City License for pets where I live.

Please use the back of this page to tell us anything else you would like for us to consider

Please Sign & Date your application _____