

# Woofs, Wiggles, n Wags Rescue

## Adoption Application

602-828-2425  
 ilovedogsmm@aol.com  
 www.woofswigglesnwags.com

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell  Work

Co-Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell  Work

Address (no PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In what type of housing do you reside?  Apt/Condo  House  Other: \_\_\_\_\_  Own  Rent

Landlord's Name (if you rent): \_\_\_\_\_ Phone: \_\_\_\_\_

Does your Landlord/HOA/City have any breed restrictions that include the pet you are considering to adopt?  Yes  No

Do you plan on moving in the next 12 months?  Yes  No If Yes, to:  Apt/Condo  House  Other: \_\_\_\_\_

If yes, what do you plan to do with the animal? \_\_\_\_\_

Why do you want to adopt this pet?  Companion for self  Companion for child  Companion for other pet(s)  
 Security  Working dog/mouse chaser  Breeding  
 Other: \_\_\_\_\_

Energy level preferred:  High  Medium  Low

I intend to (check all that apply):

- Walk dog on a leash  Hunt with the dog
- Walk dog off leash  Go jogging or hiking with the dog
- Bring dog to a dog park  Let the dog exercise himself in the yard

Are all members of your household in agreement about adopting a dog?  Yes  No

Do any members of your household have asthma, or have allergies to dogs?  Yes  No

Describe your household activity/noise level:  High  Medium  Low

In the event of an emergency, who would care for your dog or what arrangements would you make? \_\_\_\_\_

Is this pet a gift for someone?  Yes  No If yes, who? \_\_\_\_\_

Have you previously owned pets?  Yes  No

List all pets you have owned in the last 5 years:

Name	Breed	Sex	Spayed/ Neutered?	Current on Vaccinations?	Do you still own it?	If not, why?

If more space is needed, please write on the back of this form or write it in the email you attach this form to.

List all veterinarians you have taken your pets to in the last 5 years, including the veterinarian you plan to use for this pet:

Veterinarian Name	Phone	Veterinarian Name	Phone

If more space is needed, please write on the back of this form or write it in the email you attach this form to.

Do you grant permission to Woofs, Wiggles, n Wags Rescue to contact your vet(s)?  Yes  No

Name of Pet Being Adopted: \_\_\_\_\_ Breed: \_\_\_\_\_  Male  Female

Altered?  Yes  No Vaccines Current?  Yes  No Micro-chipped?  Yes  No Age: \_\_\_\_\_

Are you experiencing any difficulties with your current pets in terms of health or behavior?  Yes  No

If yes explain: \_\_\_\_\_

Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it?  Yes  No

If yes explain: \_\_\_\_\_

Some dogs require a period of weeks or even months to adjust to their new home/environment/family/other pets. Are you willing to allow for this adjustment period?  Yes  Not Sure  No, I prefer a pet who will adjust quickly

Are there any children in your household or children who visit frequently?  Yes  No

If Yes, what are their ages? \_\_\_\_\_

In general, what types of discipline/corrections do you use with a pet? \_\_\_\_\_

Will you be using a crate for the purpose of training?  Yes  No

Do you have a fenced yard?  Yes  No If Yes, how high? \_\_\_\_\_ What materials? \_\_\_\_\_

What percentage of time will this pet spend: Indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

When this pet is outdoors, how will s/he be kept? (fence, chain, line, kennel, etc.) \_\_\_\_\_

On average, how many hours a day will this pet be left alone during the day? \_\_\_\_\_

Where will this pet be kept while you are away from home during the day? (crate, yard, bedroom, garage, etc.) \_\_\_\_\_

Where will this pet be kept while you are out of town? \_\_\_\_\_

Are you willing to provide your pet with monthly heartworm prevention medicine?  Yes  No

Are you willing to provide your pet with annual vaccinations?  Yes  No

Who will be financially responsible for all medical costs? \_\_\_\_\_

List any characteristics of an animal that would NOT fit with your family or lifestyle: \_\_\_\_\_

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

- None  Allergies  Baby  Behavior problems  Children lost interest  Destructive  Divorce  
 Dog becomes ill  Dog bites someone  Dog not getting along with other pets  House soiling/urine marking  
 Life change such as new/lost job  Moving  New household member dislikes dog  Shedding  Too time consuming  
 Want to travel  Other:

If your new dog exhibits behavioral or adjustment issues, would you be willing to seek the advice of a WWW representative or a professional dog trainer?  Yes  No

Would you be willing to pay for obedience or behavioral sessions, if needed?

Please provide two personal references NOT related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please include any information you would like for us to consider when reviewing your adoption application for approval:

For Office Use Only

Approved  Declined Adoption Fee Paid: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_