



## Must Love Dogs NW Adoption Application

PO Box 87175, Vancouver, WA 98687

1-844-364-7690

[incoming@mustlovedogsnw.org](mailto:incoming@mustlovedogsnw.org)

[www.mustlovedogsnw.org](http://www.mustlovedogsnw.org)

Thank you for applying to adopt one of our wonderful dogs! Please fill out this application as completely as possible and email it to: [incoming@mustlovedogsnw.org](mailto:incoming@mustlovedogsnw.org). Please do not mail the application to the PO Box.

### **ABOUT YOU**

Full Name: \_\_\_\_\_

Additional Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **ABOUT THE PET**

Which dog would you like to meet? \_\_\_\_\_

Why do you feel this dog would be a good fit for your family? \_\_\_\_\_

Why do you want a dog at this time? \_\_\_\_\_

Where did you find/see this dog? \_\_\_\_\_

Had you heard about Must Love Dogs NW before now? \_\_\_\_\_ If so, where? \_\_\_\_\_

### **PETS CURRENTLY IN THE HOME/EXPERIENCE**

Please list any cat(s) in the home and their age(s): \_\_\_\_\_

Are they spayed/neutered? \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

Please list any dog(s) in the home, their breed(s) and age(s): \_\_\_\_\_

Are they spayed/neutered? \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

Please list any other pets in the home (birds, rodents, reptiles, etc.): \_\_\_\_\_

Are all of your pets up to date on vaccinations? \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

Have you had a dog in the past? \_\_\_\_\_

If yes, what breed(s)? \_\_\_\_\_

How long did you have the dog(s) above? \_\_\_\_\_

Why do you no longer have the dog(s) above? \_\_\_\_\_

Have you taken a dog to an obedience class before? \_\_\_\_\_

If yes, did you find it helpful? \_\_\_\_\_

### **PLANS FOR YOUR NEW DOG**



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Where will your dog be kept: \_\_\_\_\_

When you are home? \_\_\_\_\_

At night? \_\_\_\_\_

When home alone? \_\_\_\_\_

How long will your dog typically be left alone? \_\_\_\_\_

Do you own a crate? \_\_\_\_\_

Will your dog be walked daily? \_\_\_\_\_

If not, how will your dog be exercised? \_\_\_\_\_

What would you do if your dog became destructive? \_\_\_\_\_

Under what circumstances would you not keep your dog? \_\_\_\_\_

How much do you expect to spend annually on vet bills, food, toys, etc., for your new dog? \_\_\_\_\_

Which member of your household will be the primary caregiver for training, feeding and general care for your dog? \_\_\_\_\_

Are you willing to adopt a dog that is not completely house trained? \_\_\_\_\_

Are you willing to adopt a special-needs dog that requires medication for a permanent, controlled condition? \_\_\_\_\_

Are you willing to adopt a dog with behavioral issues? \_\_\_\_\_

If you move, what will you do with your dog? \_\_\_\_\_

### **YOUR HOME INFORMATION**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

What type of home do you live in (house, apartment, condo, other)? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

**(homeownership will be verified or landlord will be contacted)**

Does your homeowner's insurance have weight or breed restrictions? \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

Does your landlord have weight or breed restrictions? \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

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

Do you have a fenced yard? \_\_\_\_\_

Number of adults in the home: \_\_\_\_\_



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Number and ages of children in the home: \_\_\_\_\_

Does anyone in the home have pet allergies or asthma? \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

### **REFERENCES**

(Please provide at least one non-family reference in addition to your veterinarian. By providing the information below you are granting permission to Must Love Dogs NW to contact these individuals for a reference)

Veterinary Clinic: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinary Clinic Phone: \_\_\_\_\_

Reference #1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

Reference #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

Additional Information/Notes/Comments

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Thank you for the information provided. Please email this completed application to incoming@mustlovedogsnw.org so that we may review it and contact you to discuss your adoption further. Please do not mail the application to the PO Box.