



Must Love Dogs NW Adoption Application

PO Box 87175, Vancouver, WA 98687

1-844-364-7690

incoming@mustlovedogsnw.org

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. 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

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.