



# DOG ADOPTION APPLICATION

Camano Animal Shelter Association  
198 Can Ku Road  
Camano Island, WA 98282  
CamanoAnimalShelter.org  
camanoshelter@yahoo.com  
360-387-1902



Date: \_\_\_\_\_

I am interested in a specific dog named: \_\_\_\_\_

## APPLICANT CONTACT INFORMATION

### ► Applicant

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

### ► Co-Applicant

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

### ► Residence

Address: \_\_\_\_\_ where pet will live (NOT a P.O. Box)

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ (XXX-XXX-XXXX)

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

► Name of person(s) who the dog will be living with: \_\_\_\_\_

♥ How did you hear about this pet?  Facebook  Craigslist  Newspaper  Our website  Other

1. What qualities are you looking for in a new dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you live in a.. house / apartment / condo / duplex-type Length lived there? \_\_\_\_\_

3. Do you rent or own your home? (circle one) **Own** **Rent** (Rent - any place you do not personally own)

If renting please provide the Landlord/Property Owner's name and phone number for verification

name \_\_\_\_\_ phone #(s) \_\_\_\_\_

4. How many people live in the home: \_\_\_\_\_ (and circle) Spouse/Partner Parents Roommates Me

5. List 5 words which describe your household: \_\_\_\_\_

6. Who will be responsible for the medical care, food, and supplies for this dog?  
\_\_\_\_\_

7. Do you have a completely fenced yard? Yes / No Approx. yard size? \_\_\_\_\_

8. What type and what height is the fencing? \_\_\_\_\_

9. Does your area have *breed specific legislation* that would prohibit you from legally housing this breed of dog? Yes / No / Not Sure \_\_\_\_\_

10. Is anyone in the household allergic to animals? Yes / No

11. Are there children in your home? Yes / No *if yes, ages* \_\_\_\_\_

12. Will there be children regularly visiting your home? Yes / No *ages* \_\_\_\_\_

13. Where will the dog sleep? *Daytime* \_\_\_\_\_

*During the night* \_\_\_\_\_

14. How many hours per day will the dog be left alone? \_\_\_\_\_

15. When left home alone, where will the dog be kept? \_\_\_\_\_

16. How will you exercise the dog? \_\_\_\_\_

17. Will you take this dog to a dog park? Yes / No \_\_\_\_\_

18. Will you have them off leash at any time? Yes / No \_\_\_\_\_

19. Do you have other dogs currently? Yes / No *(Please provide age, if spayed/neutered, & temperament/personality)*

20. Do you have other types of animals? \_\_\_None \_\_\_Cats \_\_\_Pocket Pets \_\_\_Reptiles

\_\_\_Chickens/Fowl \_\_\_Farm Animals Other \_\_\_\_\_

21. Have you owned pets in the past? Yes / No **How many?** \_\_\_\_\_

*What types and where are they now?* \_\_\_\_\_

22. Have you ever given up a pet to a rescue organization or animal shelter? Yes / No

*If Yes, describe the circumstances* \_\_\_\_\_

23. What provisions would be made for your dog if you had to move? \_\_\_\_\_

24. Under what circumstances would you NOT keep your dog? \_\_\_\_\_

25. If your dog became destructive or developed behavioral issues, how would you correct it or what would you do to resolve the issue? \_\_\_\_\_

26. Why do you feel you are the right home for this dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. If you are adopting a pit bull, why did you choose this type of dog and do you have experience with pitties? \_\_\_\_\_  
\_\_\_\_\_

28. Who is your current Veterinarian? *(Name, Location, Phone Number)*  
\_\_\_\_\_

29. Have you ever been arrested for cruelty to animals? \_\_\_\_\_

I understand that dogs placed by Camano Animal Shelter Association or C.A.S.A., have been acquired, fed, boarded, spayed or neutered, microchipped, received necessary medical care and vaccinations at the expense of C.A.S.A. I understand that I will be asked to pay an adoption fee to C.A.S.A. as part of the adoption process.

I have answered all the above questions truthfully and to the best of my knowledge. I understand that if, for any reason, I can no longer care for or keep this dog, I must bring it back to C.A.S.A. during business hours and I will sign all necessary paperwork in order to do so.

I do understand that C.A.S.A. and its staff members reserve the right to deny my application for any reason whatsoever, including but not limited to, false or untrue adoption application information.

In checking this box I agree to all terms and conditions that apply to this application.  *I agree*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Co-applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

<b>STAFF ONLY</b>	
Date application received _____	Contacted regarding application? _____
Notes:	