

Dog Na	ame:		
Chip#			
Adopt I	Date:		
Paid:	Check	Cash	Credit

Dog Adoption Application and Contract Form

CONTACT INFORMATION

Full Name:	Phone:
	City
StateZip	
Physical Address if different than Mailing Ad	ldress:
StateZip	
How long have you lived at this address:	
Do you Rent or Own:	
If you rent, please give the rules governing po	ets and the Landlords name and number?
Occupation:	
Occupation:Email address:	
FAMILY and HOUSING	
	onship to you)?
How many children and their ages?	1 7 /
, c	
What type of home do you live in (Please Cir	rcle)
Single Family Town House Apartment	Ranch
Please describe your household? Activ	/e Noisy Quiet Average
Does anyone in the family have a known alle	ergy to dogs?
Is everyone in agreement to adopt a dog?	YesNo
OTHER PETS	
What other pets do you have, specify type an	d number?
Are these pets up-to-date on vaccinations? _	Yes No
Are these pets spay/neutered? If no	o, why not?
Have you ever surrendered a pet?	If yes, why?

Have you ever lost a pet to an accident?				
How do you discipline your pets and for what r	easons*Check All That Apply)?			
No Discipline Positive Reinforcement (Reward Good Behavior)				
Negative Reinforcement (Hit or Smac	k, scream and yell)			
Prefer Professional Training				
VETERINARIAN				
Do you have a regular veterinarian? YES	S NO			
Veterinarian's Name:				
Clinic Name:				
Clinic Address:				
Clinic Phone:				
				
ABOUT THE DOG YOU WISH TO ADOPT	ΓΙΟΝ			
	Desired breed?			
Breed you would not adopt?				
Desired sex: Spayed Female				
Willing to adopt:				
Out going/hyper dog	Dog that needs training			
Shy Dog	Dog requiring grooming			
Dog that needs regular medications	None of the above			
Where would the dog spend most of the day, pl	ease check?			
Crated Indoors Crated Outside _	Free Roam Outside Free Roaming Indoors			
Where will the dog spend most of the night tim	e, Please check?			
Crated Indoors Crated Outside _	Free Roam Outside Free Roaming Indoors			
Who will have primary responsibility for this d	og's daily care?			
Who will have the primary financial responsibi	lity for this dog?			
Do you agree to provide regular healthcare by a	a Licensed Veterinarian?YES NO			
When the dog goes outside, how do you plan to	supervise it?			
Do you have a fenced yard?				
Do you agree to contact K9 Konnection if you	can no longer keep the dog? YES NO			
Are you willing to allow a representative of K9	Konnection visit your home by appointment?			
YESNO				

PERSONAL REFERENCES

Konnection, so we can	contact you even if you	ır address or ph	one number has c	hanged.
Name:				
Address:				
Phone:	Relationship (Relat	ive, Friend, Ne	ighbor etc.):	
Name:				
Address:				
Phone:	Relationship (Re	lative, Friend, 1	Neighbor etc.): _	
it with quality dog food	l, plenty of fresh water, supervision of a license	proper shelter, ed veterinarian.	affection, annual j	ny home as a pet. I will provide physical examinations and dog I am adopting has already
		Signature/Da		
	I	K9 Konnec	tion	
	Photo/	Video Rele	ease Form	
PERMISSION & RIGH	ITS GRANTED			
people, property or compromotion, marketing, other images, text, and right to additional con	npany logo in any media and packaging for any p graphics and cropped, a sideration or accountings. I represent and war	a, for any purpo product or serv altered or modif ag, and that I rrant that I am a	oses, which may in ice. I agree that the fied, I acknowledg will make no furt	ssion to use the images depicting clude, among others, advertising, ne images may be combined with ge and agree that I have no further ther claim for any reason to K9 age. I have the full legal capacity
(Please Print)				
Name:				
Address:				
City:				-
Customer Signature:			Date	
K9 Rep Signature			Date	

Please list someone who is familiar with you and your pets in the event that your pet is lost and returned to K9