

# Dog Adoption Application Form for Ohio American Eskimo Rescue



## Contact Information

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(including city and state, and zip code)

How long at this address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

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

## Family & Housing

Do you or any other people in your home smoke? \_\_\_\_\_

How many adults are there in your family (their relationship to you)? \_\_\_\_\_

\_\_\_\_\_

How many children (ages)? \_\_\_\_\_

What type of home do you live in: single family, town home, apartment, farm, etc.?

\_\_\_\_\_

Please describe your household: \_\_\_ Active \_ Noisy \_ Quiet \_ Average

If you rent, please give the rules governing pets and the landlord's name and number:

---

---

(By providing this information you are allowing Ohio American Eskimo Community to contact your Landlord. Please inform them of this call so they will speak with us.)

Does anyone in the family have a known allergy to dogs? \_\_\_\_\_

Is everyone in agreement with the decision to adopt a dog? \_\_\_\_\_

Do you have time to provide adequate love and attention? \_\_\_\_\_

### **Other Pets**

What other pets do you have (specify type and number)? \_\_\_\_\_

---

Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not, why not? \_\_\_\_\_

---

Have you every surrendered a pet? If so, why? \_\_\_\_\_

---

Have you ever had a pet euthanized? If so, why? \_\_\_\_\_

---

Have you ever lost a pet to an accident? \_\_\_\_\_

How do you discipline your pets and why? \_\_\_\_\_

---

## Veterinarian

Do you have a regular veterinarian?  Yes  No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

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

What brand of food do you feed your current dog(s)? \_\_\_\_\_

What food do you plan on feeding your newest member? \_\_\_\_\_

## About the Dog You Wish to Adopt

Which dog interests you? \_\_\_\_\_

What is your idea of an ideal dog and why? \_\_\_\_\_

\_\_\_\_\_

Desired age: \_\_\_\_\_ Desired size: \_\_\_\_\_

Have you ever owned an American Eskimo? Pomeranian? \_\_\_\_\_

Desired sex:  Spayed Female  Neutered Male  No preference

Willing to adopt:  Outgoing/hyper dog  Shy dog

Dog that needs regular medication  Dog that needs training  Dog that needs grooming

None of these

Where will the dog spend the day? (Please describe) \_\_\_\_\_  
\_\_\_\_\_

Where will the dog spend the night? (Please describe)  
\_\_\_\_\_

Number of hours (average) dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to provide regular health care by a licensed veterinarian?  Yes  No

Do you agree to keep the dog as an indoor dog?  Yes  No

When the dog goes out, how do you plan to supervise the dog? \_\_\_\_\_  
\_\_\_\_\_

Is your yard fenced? (We do require a home visit)  Yes  No

Do you agree to contact Ohio American Eskimo Community if you can no longer keep this dog?  
 Yes  No

Are you be willing to let a representative of Ohio American Eskimo Community visit your home by  
appointment?  Yes  No

How did you hear about Ohio American Eskimo Community? \_\_\_\_\_  
\_\_\_\_\_

Would you be interested in fostering?  Yes  No Please share more details if you would like to foster:  
\_\_\_\_\_

## **References**

Do you have a family member or friend that would be able to take the dog in case of any emergency issue or  
death?  Yes  No

Please share the name of person, relationship, and contact information. We will be contacting this person:  
\_\_\_\_\_

Why this person?  
\_\_\_\_\_  
\_\_\_\_\_

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide the dog with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examinations and vaccinations under the supervision of a licensed Veterinarian.

---

(Signature) (Date)

**\*\*\*\*\*We do NOT offer any "30" day TRIAL periods for our dogs. We want to meet the family or person(s) adopting the dog, so you will have to travel to the foster's home to meet them. The foster Mom will make the final decision in the adoption process.**