|  |  |
| --- | --- |
|  | Doxiewoods |

# Adoption Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender wanted: |  | Coat preferred.: |  | Budget: | $ |

|  |  |
| --- | --- |
| Litter Applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | Are you willing to wait for a future litter.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever owned a dachshund? | YES | NO | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a regular veterinarian? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, provide contact info: |  |

## Home Information

|  |  |  |  |
| --- | --- | --- | --- |
| Own or rent: |  | Fenced yard? |  |
| House or apartment? |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Do you crate-train? | YES | NO | Walk regularly? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have children: |  | If yes, ages: |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| House breaking plan: |  | Other pets: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If you rent, please provide proof that dogs are allowed.

If you rent, what is your plan for exercising your pup?

Do you plan to breed? \_Yes / No If so, what DNA testing do you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, will you agree to spay/neuter between 12-18 months? YES / NO

In the event you cannot keep the puppy, will you notify us so that puppy can be safely re-homed?

If you become critically ill, or pass away, what is your care plan for your puppy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## References

Please list three references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |