

Karin' 4 Kritters Animal Rescue & Shelter

1601 Beech Springs Road, Greenfield, TN 38230
731-514-9828
karin4kритters@gmail.com

Office Use Only

Date: _____
Dog Name: _____
ID Number: _____
Approved: Yes No

Dog Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

Date of Birth: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Family & Housing

How many adults are there in your family?

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 us 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? __ Yes __ No

Is everyone in agreement with the decision to adopt a dog? __ Yes __ No

Do you have time to provide adequate love and attention? __ Yes __ No

Other Pets

Have you had other dogs before? _____

Are there other dogs in your household?

If yes, please list them:

Name	Breed	Age	Sex	Fixed?	Up to date on vaccines?

Do you have other pets in your household?

If yes, please list them:

Name	Type	Age	Sex	Fixed?	Up to date on vaccines?

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

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: _____

(Providing this information you are allowing a verification call to your vet. Please call your vet and ask them to authorize the release of information.)

About the Dog You Wish to Adopt

Where will the dog spend the day? (describe)

Where will the dog spend the night? (describe)

Number of hours (average) dog will spend alone? _____

Number of hours (average) dog will spend exercising? _____

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

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact us if you can no longer keep this dog? __ Yes __ No

Under what circumstances would you not be able to keep this dog? (Please be specific)

You understand that you are under obligation to contact Karin' 4 Kritters if you are unable to keep this animal for any reason _____

Initials

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

(Signature)

(Date)

(Karin' 4 Kritters reserves the right to refuse adoption to any person for any reason)

This application becomes part of our contract.

Return completed form via email to karin4kritters@gmail.com or mail to K4K, 411 Hillsboro, Greenfield,

TN 38230