



Dog Adoption Application City of Carpinteria

Date: _____

Animal Name: _____

Thank you for filling out this application. The information you provide will help us help you find the best match for you and your family. Please understand that we cannot guarantee the health of our animals, or whether they are housebroken or have had any training.

Name: _____ Spouse or partner's name: _____

Home address: _____ City, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Are you: working ____ retired ____ attending school ____ homemaker ____ other ____

Where did you find out about this dog? _____

Household Information:

Do you own or rent? ____ Is it a house? ____ Condo? ____ Apartment? ____ Mobile home? ____

Landlord's name and phone number: _____ (Required, if you rent)

Name of other adults in the household and number of children and their ages: _____

Time you or another adult is usually at home: Home all day ____ Out Part-time ____ Away 7-10 hrs daily ____

Household activity level in my home is usually: low ____ medium ____ high ____

Do you have a fenced yard? ____ Type of fence: _____ Ht of fence at lowest point: _____

Pet Information- Current pets in your home:

Type of pet (dog, cat, etc.) & breed type	Age	Male or Female	Spayed/Neutered?	Name of Pet
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name of your Veterinarian or Veterinary Clinic: _____ City: _____

Who will be responsible for your dog(s) if you are on vacation or unable to care for them in the event of an emergency? _____

Dog experience: First time owner: ____ Have had dogs in the past: ____ Knowledgeable and experienced: ____

Where will your dog be kept primarily during the day? _____ At night? _____

Number of hours dog will be left alone daily: ____ Are any family members allergic to dogs? Yes No

Are you interested in micro-chipping the dog? Yes No

Is anyone in your home nervous or unsure of dogs? Yes No Please Explain: _____

Please describe the temperament, activity level and special qualities you are looking for in a dog: _____

Why is this particular dog the right dog for you? _____

Please tell us why you feel you would be the best possible home for this dog? _____

Are you aware of: your local leash laws? Yes No Of your local license laws? Yes No

Are you aware of the costs of owning a dog, such as medical care, vaccinations, license fees? Yes No

Have you read and do you understand the requirements stated on the records of the dog you wish to adopt?

Yes No

The new owner of this dog understands the risk of owning this dog, freely accepts them and waives any rights to make a claim against the City or file a lawsuit against the same in the event that the dog bites, causes injury, destroys property or succumbs to health problems that existed before or at the time of transfer.

Signature of adoption applicant: _____