

ADOPTION CONSULTATION FORM
S.A.F.E., Inc.

NAME: _____ **DATE:** _____ **DOG:** _____

* # Of People in Family: - Adults _____ Children _____ Ages _____

* Is Anyone Allergic to Dogs: _____ Has everyone in the family agreed to a Dog: _____

* Do you Currently have Pets? _____ If yes, list the Pets Name, Sex, and what kind of Pet:

* Are All your Pets Spayed or Neutered: _____ Are they current on Vaccines: _____

* Do You Own you Own Home: _____ If not, can you provide a letter from your landlord saying
Dogs are allowed at the residence: _____

* Is your yard Fenced: _____ Do you have a Pool _____ Is the Pool Fenced _____

* Are you willing to have a S.A.F.E. Representative visit your home: _____

* How many hours per day would your dog be left unattended: _____

* Where will the dog be when you are not at home: _____

* Will your dog be an inside or outside dog or both: _____

* If you move, what would you do with the dog: _____

* How much are you willing to spend on vet bills yearly for the dog: _____

* Are you willing to give the dog time to adjust to your household: _____

* Are you willing to get training for the dog if needed: _____

* Are you willing to work with the dog on potty training issues: _____

* Have you ever had to relinquish an animal (take it to the pound or give it away) _____ If YES

Please Explain: _____

* How did you hear about us: _____

I acknowledge that all the information contained in this form is true and correct to the best of my knowledge.

I understand that any misrepresentation on this document may result in removal of the dog from my home by S.A.F.E., Inc.

Signed: _____

SAFE Representative: _____