



Tilted Acres Rescue and Adoptions  
 P.O. Box 711  
 Raeford, NC 28376  
 910-875-5791

Name of dog you want to adopt \_\_\_\_\_

**Dog Adoption Application**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail Address (s) \_\_\_\_\_

Personal References: (if possible please list one relative not living with you)

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

***To ensure that this adoption is in the best interest of both you and the dog you selected, we ask that you answer the following questions:***

- 1) Do you live in (select one): House \_\_\_ Apartment \_\_\_ Condo/Town home \_\_\_ Trailer \_\_\_ Military Housing \_\_\_
- 2) Do you: Own \_\_\_ Rent/Lease \_\_\_ Name of Complex & Office Phone # \_\_\_\_\_
- 3) Are you planning to move in the next six months? Yes \_\_\_ No \_\_\_ If so what will happen to this dog if you move unexpectedly? \_\_\_\_\_
- 4) What will happen to this dog when you go on vacation or in case of an emergency? \_\_\_\_\_
- 5) How many hours during the average day will your dog be without a human? \_\_\_\_\_
- 6) Where will this dog be kept during the day? \_\_\_\_\_  
 Night? \_\_\_\_\_ When you're not home? \_\_\_\_\_
- 7) Does your home have a dog door? Yes \_\_\_ No \_\_\_
- 8) Do you have a fenced-in back yard? Yes \_\_\_ No \_\_\_
- 9) Does your gate have a lock? Yes \_\_\_ No \_\_\_ If not could one be put on? \_\_\_\_\_
- 10) If there is no fenced yard how will you exercise the dog? \_\_\_\_\_
- 11) Please tell us why you would like to adopt a dog? \_\_\_\_\_
- 12) I am adopting this dog for (check all that apply): myself \_\_\_ spouse \_\_\_ children \_\_\_ gift \_\_\_ other \_\_\_\_\_
- 13) How many people will your dog will be living with (including yourself): \_\_\_\_\_
- 14) Did your entire family agree on the adoption of this one dog? Yes \_\_\_ No \_\_\_
- 15) Will the whole family share in the care of this dog? Yes \_\_\_ No \_\_\_
- 16) Is there any member of your household who is allergic to dogs? Yes \_\_\_ No \_\_\_
- 17) Are there any children that visit your home frequently? Yes \_\_\_ No \_\_\_ If yes, ages: \_\_\_\_\_
- 18) Are there any regular visitors to your home, human or animal, with which your new dog must get along?  
 Yes \_\_\_ No \_\_\_ If Yes, Describe: \_\_\_\_\_
- 19) Do you have any other pets living with you now? Yes \_\_\_ No \_\_\_ If Yes, please list below:  
 Type (dog, cat, etc.) Breed Neutered/ Owned for how long? Spayed? \_\_\_\_\_

20) Have you had pets in the past? Yes \_\_\_ No \_\_\_ If Yes, please list below:  
 Type (dog, cat, etc.) Breed Neutered/ Owned for Where is the pet now? Spayed? How long? \_\_\_\_\_

21) Do you have a regular veterinarian? Yes \_\_\_ No \_\_\_  
 22) Veterinarians name and phone \_\_\_\_\_  
 23) What kind of behavior do you find unacceptable? \_\_\_\_\_

24) If the dog has problems with behavior what will you do about it? \_\_\_\_\_  
 25) Have you ever given a dog up in the past? \_\_\_\_\_ Why? \_\_\_\_\_

**I certify that the above information is true and understand that false information may result in nullifying this adoption.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_