

Autumns Goldens

346 West Main Street
Salem, KY, 42078
Phone: 313-495-4763



CANINE ADOPTION APPLICATION

PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS THE TIME, PATIENCE AND EXPENSE THIS PET WILL NEED. ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT. ADOPTION FEE PAYABLE TO Autumns Goldens IN THE FORM OF MONEY ORDER, CASH, OR CREDIT CARD. CHECKS ARE NOT ACCEPTED FOR ADOPTIONS.

Date:		APPLICANTS INFORMATION <i>(please print clearly and answer all questions)</i>	
Applicants Full Name		Age	
Co-Applicants Full Name		Relationship to Applicant	
Street Address, City, State			
Home Phone		Cell Phone	Email
CANINE INFORMATION			
Name of dog you are applying for?		Breed	
Why do you want to adopt a Dog? <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> Gift <input type="checkbox"/> Other			
If Gift, Protection or Other please explain.			
What are you looking for in a dog?			
Age: <input type="checkbox"/> 8 - 12 Weeks <input type="checkbox"/> 6 - 12 Months <input type="checkbox"/> 1 - 6 Years <input type="checkbox"/> 7 Years +		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	
Coat color: <input type="checkbox"/> light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> No Preference NOTE: Final Color Not Guaranteed		Puppy Name Preference: Call Name:	
Personality: <input type="checkbox"/> Playful <input type="checkbox"/> Calm <input type="checkbox"/> Shy <input type="checkbox"/> Affectionate <input type="checkbox"/> Likes Dogs <input type="checkbox"/> Likes Cats <input type="checkbox"/> Likes Kids			
Will The Puppy Be Socialized? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes How?			
Where will the dog live / sleep? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Inside and Outside <i>Please explain further below</i>			
Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's living environment may cause the dog to have accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are applying for a puppy or dog that is not housetrained, how will you housetrain?			
If behavioral issues should arise, what actions will you take?			
How will you exercise the new dog?			
How many hours will the dog be left alone: Daytime?		Evening?	

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When no one is home or during traveling where will the dog stay?
If you must move, what will you do with your new dog?
Have you ever been cited for any dog related ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your town or city have any Breed Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are they?
Do you agree the dog will NOT be used for fighting, breeding, illegal activities or be found at any time in a location where its presence is illegal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have all household members met and agreed on a new Dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
What reasons do you feel are valid for giving up a pet? Check all that apply.

<input type="checkbox"/> Fleas <input type="checkbox"/> Shedding <input type="checkbox"/> Expenses <input type="checkbox"/> Noisy <input type="checkbox"/> Chewing/Clawing <input type="checkbox"/> Destructive <input type="checkbox"/> Bites <input type="checkbox"/> New Baby <input type="checkbox"/> Moving <input type="checkbox"/> Marriage or Divorce <input type="checkbox"/> Doesn't Listen <input type="checkbox"/> Pets Medical Condition <input type="checkbox"/> No Time <input type="checkbox"/> Would not Consider <input type="checkbox"/> Other (<i>please explain</i>)

PET AND VETERINARY HISTORY

Have you ever had to give up ownership of a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.

Do you currently have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please complete the information below.

	Pet 1	Pet 2	Pet 3
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
Up to Date with Rabies			
Up to Date with other Vaccines			
Indoor or Outdoor			

Current Veterinarian's Name and Telephone number?
Name of person on file with the Vet?
Name of Veterinarian you will use for your new pet?
Contact info for Veterinarian you will use for your new pet?

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HOUSEHOLD INFORMATION			
Is your residence: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Other (<i>explain</i>)			
If you live in a Condo or Rent – Does, the Association or Landlord have Breed or Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
If yes, please explain.			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/Parents <input type="checkbox"/> Live w/Friends <input type="checkbox"/> Other (<i>explain</i>)			
If you live with Parents, Friends or Rent – Do you have permission to have a Dog? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you, Rent, please provide Name & Telephone number of Landlord.			
Landlord Name		Telephone	
How long at current residence?			
Is your Yard Fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type and height?			
Any Holes or Gaps in the Fence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have Tie-Outs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Overhead Runs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Adults in household?		Number of Children in household?	
Please list all members living in household			
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
AGREEMENT AND SIGNATURE			
By signing this application, I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, Autumns Goldens reserves the right to annul the adoption and reclaim the animal without refund. While autumns Goldens makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to Autumns Goldens or our veterinarian. I hereby authorize the Autumns Goldens to receive information from Veterinarians and others listed on this application. If for any reason you must give up your dog we will accept the dog back during its lifetime from time of adoption, we ask that you call us and wait at least 48 hours before returning the animal so preparations can be made. Returns are at expense of the adoptive party and no refund for returned dogs, if you return the dog you agree to Transfer Ownership Rights and Registration back to Autumns Goldens and give Autumns Goldens and or its representative Authority to transfer the registration. If your canine is having trouble adapting to your home, please call us with any questions.			

Signature:	Date:
All Adopted Canines MUST leave Autumns Goldens on a Leash	

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Autumns Goldens USE ONLY

Date Application Received:	
ID of Canine:	
Received By:	
Date Adopted:	
Medical Records Given:	
Microchip:	
Approved By:	
Denied By:	
Reason For Denial: (Explain further in comments section.)	
Receipt # and Amount:	
Medical Records need to be mailed:	
Adoption Agreement Signed:	
Assessor/Landlord Verified?	

Other Comments/Concerns

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