

# CWOB Pet Application

Date \_\_\_\_\_ Name(s) of Adopter(s) \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you have children in the home? If so please list ages: \_\_\_\_\_

Do you:  Own  Rent  Live with parents  Military

Type of Home:  House  Condo  Apartment  Mobile Home  Ranch/Farm/Vineyard

Fenced Yard?  Yes  No Type/ Height of fence: \_\_\_\_\_

Landlord Name & Telephone \_\_\_\_\_ Does your rental agreement allow pets?  Yes  No

Size restrictions?  Yes  No Breed restrictions?  Yes  No

Please list your current veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your vet if needed? YES / NO

CURRENT PETS	MORE CURRENT PETS	YOU & YOUR HOUSEHOLD
<p><b>1) Type /Breed</b> _____</p> <p>Name _____</p> <p>Age _____ Sex _____</p> <p>Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you been caring for this pet?</p> <hr/> <p><b>2) Type /Breed</b> _____</p> <p>Name _____</p> <p>Age _____ Sex _____</p> <p>Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you been caring for this pet?</p> <hr/> <p><b>3) Type /Breed</b> _____</p> <p>Name _____</p> <p>Age _____ Sex _____</p> <p>Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you been caring for this pet?</p>	<p><b>4) Type /Breed</b> _____</p> <p>Name _____</p> <p>Age _____ Sex _____</p> <p>Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you been caring for this pet?</p> <hr/> <p><b>5) Type /Breed</b> _____</p> <p>Name _____</p> <p>Age _____ Sex _____</p> <p>Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you been caring for this pet?</p>	<p><b>❶ Dog Experience</b></p> <p><input type="checkbox"/> First-time owner</p> <p><input type="checkbox"/> Have had one or two dogs</p> <p><input type="checkbox"/> Knowledgeable &amp; experienced</p> <p><b>❷ Time away from home</b></p> <p><input type="checkbox"/> Home all day</p> <p><input type="checkbox"/> Out part-time</p> <p><input type="checkbox"/> Away 7-10 hours daily</p> <p><input type="checkbox"/> Can bring dog to work</p> <p><b>❸ Our dog will</b></p> <p><input type="checkbox"/> Live indoors only</p> <p><input type="checkbox"/> Live indoors/outdoors</p> <p><input type="checkbox"/> Live outdoors only</p> <p><input type="checkbox"/> Live in garage</p> <p><input type="checkbox"/> Be confined in a fenced yard</p> <p><input type="checkbox"/> Spend time in dog parks</p> <p><b>❹ Training will include:</b></p> <p><input type="checkbox"/> Obedience classes</p> <p><input type="checkbox"/> Self- Train</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p>

**PLEASE DESCRIBE THE IDEAL DOG TO FIT INTO YOUR LIFESTYLE**

**PLEASE DESCRIBE WHAT A TYPICAL DAY LOOKS LIKE WITH YOUR NEW DOG**

**PLEASE DESCRIBE HOW YOU WILL HANDLE YOUR DOGS BEHAVIOR IF THERE ARE PROBLEMS (TOO MUCH BARKING, CHEWING, DIGGING, URINATION AT HOME?)**

**CWOB OFFICE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE**