



# Dog Adoption Application

Welcome to Spilled Milk's adoption program. We request the following information so that we can assist you in the selection of a new dog. This form and a consultation with a Spilled Milk representative are designed to help you find the dog most compatible with your lifestyle. Please e-mail this form to us at spilledmilkcs@yahoo.com.

To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care of the dog

Completion of this application does not guarantee adoption of a Spilled Milk dog. Please print legibly and complete all three pages. Thank you!

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Age \_\_\_\_\_

Describe in detail the dog you're looking for: \_\_\_\_\_  
\_\_\_\_\_

Will this be your first dog? \_\_\_\_\_

What kind of pets have you had in the past? \_\_\_\_\_

Which of these do you still have? (Include age, sex and breed.) \_\_\_\_\_

Have they been spayed or neutered? Yes No Don't know

Are they current on vaccinations? Yes No Don't know

What happened to the pets you no longer have? \_\_\_\_\_

Have you ever turned your dog in to a shelter? Yes No If yes, please explain:  
\_\_\_\_\_

Have you ever had a pet euthanized? Yes No If yes, please explain:  
\_\_\_\_\_

If you have pets, will they (or he/she) adjust to a new dog in the house? (Please explain.)

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Was your last dog obedience-trained? Yes No Doesn't apply

Why do you want this dog? Companion Companion for other pet House pet Watch dog  
Guard dog Hunting Personal protection Other \_\_\_\_\_

How many adults are in your family? \_\_\_\_\_

How many children? \_\_\_\_\_ Children's ages? \_\_\_\_\_

Does any member of your household have an allergy to dogs? Yes No

Is someone home during the day? Yes No If yes, who? \_\_\_\_\_

How many hours each day will the dog be without human companionship? \_\_\_\_\_  
Please explain: \_\_\_\_\_

Where do you live? House Apartment Condo Mobile home Other \_\_\_\_\_  
If other, explain: \_\_\_\_\_

Do you own or rent your home? Own Rent

If you rent, may we contact the owner to obtain permission for this dog to live in your home? Yes No  
Owner's name and phone number: \_\_\_\_\_

Do you have a completely fenced yard? Yes No Is there a gate? Yes No  
What kind of fence? \_\_\_\_\_ Height of the fence: \_\_\_\_\_  
If no fenced yard, please explain: \_\_\_\_\_

Do you have a dog door? Yes No

Are there times when the dog will be tied up? Yes No If yes, when? \_\_\_\_\_

Are there stairs that lead to your home? Yes No If yes, how many? \_\_\_\_\_

Will the dog spend any time in the garage? Yes No If yes, please explain \_\_\_\_\_

Do you have a pool? Yes No If yes, is there a fence around the pool? Yes No

If your new dog/puppy is not housebroken, what method will you use to train him/her?  
\_\_\_\_\_

Will you keep the dog up-to-date on vaccinations? Yes No

Who is your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_  
City/state \_\_\_\_\_

Are you able and willing to exercise the dog on a regular basis? Yes No

Method: \_\_\_\_\_

Where will the dog be kept during the day? \_\_\_\_\_

During the night? \_\_\_\_\_

If you drive a pickup truck, would you allow the dog to ride in the back? Yes No

If you go away for a few days, or on a vacation, who will take care of the dog?

If you move, will you take the dog with you? Yes No

Please explain: \_\_\_\_\_

Have you ever applied to Spilled Milk before to adopt an animal? Yes No

If yes, when? \_\_\_\_\_

Have you ever brought animals to Spilled Milk? Yes No

If yes, please explain: \_\_\_\_\_

Are you willing to have a representative of Spilled Milk come to see where the dog will be living?

Yes No If no, explain: \_\_\_\_\_

Are you willing to take responsibility for this dog for the next 10 to 15 years? Yes No

If no, explain: \_\_\_\_\_

What provisions will you make for the dog should you become unable to care for him/her?

Additional comments from applicant: \_\_\_\_\_

Please provide two personal references:

Name of reference #1 \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of reference #2 \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_