



# GOOD SAMARITAN PET CENTER DOG APPLICATION

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Good Samaritan Pet Center  
P. O. Box 202005  
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[goodsamaritanpetcenter.org](http://goodsamaritanpetcenter.org)

Welcome to Good Samaritan Pet Center Adoption Program. The following information is requested so that we can assist you in the selection of a new dog. This form and a consultation with a Good Samaritan representative are designed to help you find the dog most compatible with your lifestyle.

**In order 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 for a pet.**

*Completion of this application does not guarantee adoption of a Good Samaritan dog.*

Name of Applicant: \_\_\_\_\_ *Date* \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_ Age: \_\_\_\_\_

Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_

Company Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

Describe in detail the dog you're looking for or PRINT NAME IN BOX

\_\_\_\_\_

Would 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 ones you no longer have?

\_\_\_\_\_

\_\_\_\_\_

If you have pets, will they adjust to a new dog in the house? \_\_\_\_\_

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 there in your family? \_\_\_\_\_

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

Does any member of your household have an allergy to dogs? \_\_\_\_\_

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

Explain: \_\_\_\_\_

Which do you live in? House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_

Other \_\_\_\_\_ If other, explain \_\_\_\_\_

Do you rent or own you home? Own \_\_\_\_\_ Rent \_\_\_\_\_

If you live in an apartment complex please list the name of the complex as well as the landlord's name, and phone number. For rental properties we check with the landlord to make sure pets are allowed.

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If you rent, may we contact the owner to obtain permission for this animal to live in your home?

Yes \_\_\_\_\_ No \_\_\_\_\_

Owner's name and phone number \_\_\_\_\_

Do you have a completely fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_ What kind of fence? \_\_\_\_\_

Height \_\_\_\_\_

Do you have a dog door? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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Will you keep the dog up to date on vaccinations? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

Address and phone number of your veterinarian \_\_\_\_\_

Please list two **personal references** (Not to include relatives or people currently living with you)

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Would you be willing to exercise the dog on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Where will this 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? \_\_\_\_\_

Are you willing to have a Good Samaritan Pet Center representative come to see where the dog will be living?

\_\_\_\_\_

Are you willing to take responsibility for this dog for the next ten to fifteen years? \_\_\_\_\_

What provisions will you make for the dog should you become unable to care for it? \_\_\_\_\_

\_\_\_\_\_

Comments by applicant: \_\_\_\_\_

\_\_\_\_\_