



# PUG NATION RESCUE OF LOS ANGELES

## Adoption Application

(Please print legibly and fill out completely)

I am interested in the following dogs (in order of preference) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

DL# & Exp Date	Previous Adopter? Y N	Adoption Counselor:
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**PLEASE PRINT CLEARLY**

Name:		
Address:		
City	State	Zip Code
Telephone: (Home)	(Cell)	(Business)
E-Mail:		

1.	How did you hear about us?
2.	Do you have any other pets now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
3.	Name/Address/Phone of veterinarian:
4.	Have you had Pugs previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you live in a: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Other _____
6.	Own : <input type="checkbox"/> or Rent : <input type="checkbox"/> ? If Rent, name and phone of Landlord:
7.	Is your yard fenced? <b>Front:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Back:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No a. How tall is the fence? <b>Front:</b> _____ <b>Back:</b> _____ b. What type of fence? (chain link/wood, etc?) _____ c. Is there a pool/hot tub on the premises? _____ Locks on gates? Yes <input type="checkbox"/> No <input type="checkbox"/> Can people see your dog(s) through the fence from the street? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Will this pet live: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both a. Will this pet sleep: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
9.	If you were to move, what would happen to your pet?
10.	Have you had experience/training dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Who will be primarily responsible to take care of and train this dog?

11.	Do the costs of vaccinations, medical care, licensing, grooming or general upkeep present any problems financially for you? <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are you adopting this pet for yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	a. How many members in household? _____ Describe: _____ b. Number of Children: _____ Ages: _____
14.	Would you be interested in saving a pet's life by being a temporary foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	How many hours per day will the animal be left alone? _____

16.	Why do you want a pug as opposed to another breed?
17.	How does your spouse/partner/roommate/children feel about adopting a pug and having it at your residence?
18.	Please tell us how your other pets will react to a Pug in the family.
19.	Under what circumstances would you justify giving up your pug?