

APPLICATION RECEIPT

FACILITY HOURS:

Open Everyday 10AM-4PM
Closed Holidays: Thanksgiving, Christmas
Day and New Year's Day

ADOPTION COUNSELOR CONTACT INFO:

E-mail: adopt@sbdawg.org
Phone: (805) 681-0561
Fax: (805) 964-3370

APPLICATION PROCESS:

Applications are approved according to the best match for both dog and family, not on a first come, first serve basis or through a lottery. If a dog has a pending application, you may fill out a back-up application. Please allow one full week for us to review and process the application. After the adoption counselor reviews your application, you will be contacted on its status.

NEXT STEPS:

1. After turning in your application, **email 8-15 home photos** to adopt@sbdawg.org
2. Everyone residing in your home will come in to DAWG to meet your potential companion
3. If you own another dog, a dog introduction will be scheduled at our facility
4. If you rent, we verify with your landlord that you may have a dog
5. If you own, we verify home ownership
6. Finally, your potential companion must be medically cleared by our vet prior to adoption

OUR MISSION:

Since DAWG's inception in 1991, we have worked hard to bring out the best in our dogs by improving their quality of life during their stay at the shelter and placing healthy, well-behaved dogs back into the community. Most of the dogs in our care come from Santa Barbara county shelters. Our primary goal is to reduce the rate of euthanasia in the county shelters by providing the medical care and training many dogs need for a second chance at life. DAWG provides a safe and loving environment for dogs awaiting permanent adoption and promotes their adoption through outreach programs within Santa Barbara.

FRESHEN UP THOSE DOG SKILLS:

Want tips for potty training, leash walking, dog socializing, separation anxiety, obedience training, etc.? We can help! We have a small library of books you may borrow or look through and a community of staff who will help answer any and all questions you may have. Don't be shy! We can recommend vets, daycare, boarding facilities, grooming, and trainers in the area.



ADOPTION APPLICATION

Dog's Name: _____ Applicant's Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 E-mail: _____ Age: _____

1. Are you a student or military personnel? Yes No
 - a. **If yes**, will you be moving (home or otherwise) in the next year? Yes No
2. Place of residence: House Condo Apartment Mobile Home
 Other: _____
 - a. How long have you lived at your current residence? _____
 - b. Do you: Own or Rent
 - i. **If you rent**, do you have landlord's permission to have this dog? Yes No
 Landlord's name and number: _____
 - ii. **If you own** your residence, what name/title appears as the owner of record in public records? _____
3. What is your household activity level: Quiet/Serene Some Activity Very Active
4. How would you describe the amount and type of visitors or guests at your residence?
 Few Visitors/Guests Many Visitors/Guests Adult Visitors/Guests Child Visitors/Guests Teenage Visitors/ Guests Workers, Gardeners, Pool Cleaners Etc.
5. List **all** people living at your residence:

Name	Age	Relationship

- a. Do you have consent from all household members to have this dog? Yes No
- b. Does anyone in the household have allergies to dogs? Yes No
 If so, how will that be addressed? _____

6. Please list any animals or pets that currently live at your residence:

Species	Name	Breed	Age	Sex	Altered?

7. List all pets which **you** have been the guardian of in the past **10 years** (*Do not include animals mentioned on #6*)

Species	Altered?	Age	What Happened to this pet?	Vet's Name & Number

8. Why is this particular dog the right dog for **you**?

9. Please tell us why you feel you would be the best possible candidate for this dog:

10. While you are **home**, this dog will be: Fenced Yard House Crate/Pen With You
 Other: _____

11. While you are **away** this dog will be: Fenced Yard House Crate/Pen
 Other: _____

12. If your yard is fenced, what kind of fence is it? _____
 a. Height of fence: _____ft Height of gate: _____ft

13. How many hours a day would the dog be left alone? _____

14. Where will this dog sleep at night? _____

15. What will be your daily exercise regime/plan for this dog? Include any weekend adventures!

16. What is your experience with dogs?
 This Will Be My First Dog I Have/Had Dog(s) Knowledgeable and Experienced
 a. If this will be your first dog, what research or reading have you done in preparation?

17. How will you discipline this dog?

18. Have you previously attended a basic obedience course? Yes No
 a. Why or why not? _____

19. How much do you plan on spending per year to care for this dog? _____

20. Do you have a vet? If yes, what is the name of your vet? _____

21. What would you do if you had to move and had trouble finding a home that allowed dogs?

22. What dog care arrangements have been made for when you travel?

23. What would you do if the dog was destructive? (Chewing, barking, digging, etc.):

24. What do you feel is aggressive behavior?

25. What would you do if this occurred?

26. In case of emergency who will care for this dog?

➤ **Name:** _____

➤ **Number:** _____

➤ **Relationship:** _____

27. Do you thoroughly understand the leash and license law? Yes No

28. Have you ever relinquished an animal to a shelter or rescue group? Yes No

a. If yes, When? _____ Why? _____

29. Which of the following reasons might prompt you to give this dog back to DAWG?

- | | | |
|--|--|--|
| <input type="checkbox"/> Moving To a New Residence | <input type="checkbox"/> Health Problems (Dog's Or Family's) | <input type="checkbox"/> Aggressive With Other Pets |
| <input type="checkbox"/> Financial Problems | <input type="checkbox"/> New Spouse/Partner | <input type="checkbox"/> Divorce/Break-Up |
| <input type="checkbox"/> New Baby | <input type="checkbox"/> Doesn't Like the Dog | <input type="checkbox"/> No Longer Have Time for Dog |
| <input type="checkbox"/> Aggressive With People | <input type="checkbox"/> New Job | <input type="checkbox"/> Dog is Not Dog-Social |
| <input type="checkbox"/> Landlord Revokes Permission to Have Dog | <input type="checkbox"/> Cannot Find Residence That Allows Dog | <input type="checkbox"/> Pressure to Give up Dog |
| <input type="checkbox"/> Breed Specific Legislation | <input type="checkbox"/> Dog Is an Escape Artist | <input type="checkbox"/> None of These Reasons |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Dog Requires More Exercise than You Can Provide | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Death of a Family Member | | _____ |

By signing below, I certify the information I have provided is complete and accurate. I give my permission to DAWG to contact my landlord (if applicable), emergency contact, and current and/or previous veterinarians. By submitting this form, I hereby make application to be considered for the purpose of giving a DAWG dog a permanent home.

Applicant's Signature: _____ **Date:** _____