



Barkie's Legacy Dog Adoption Application



Name: _____ Date: _____
(First) (Last)
Street Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: () _____ - _____
E-mail: _____

I wish to adopt (name of dog): _____
Is this an impulse adoption? **YES / NO** (please circle)
Is this adoption a gift for someone else? **YES / NO** (please circle)
Personal Reference : _____ (name)/() _____ - _____ (phone)

Do you rent or own your current home? _____
Does your rental lease/ homeowner's association have any breed or weight restrictions? **YES / NO** (please circle)
If renting, please provide name and phone number of landlord : _____ () _____ - _____
If renting, is your Pet Deposit paid? **YES / NO** (please circle)
Do you have a fenced yard? **YES / NO** (please circle)

How many adults living in household? _____
How many children? _____ Ages: _____
Is anyone in the household allergic to pets? **YES / NO / MAYBE** (please circle)
If yes, how will this be handled? (provide response below, use the back of this page for more space)

Has everyone agreed to take responsibility for this dog? **YES / NO** (please circle)
How many hours on average will this dog spend alone? _____
How will this dog spend it's time home alone? (Check all that apply)
____Indoors, no restrictions
____Indoors, crated/kenneled
____Indoors, room restricted
____Outdoors, no restrictions
____Outdoors, chained
____Outdoors, yard/kenneled

How many pets do you currently own? _____
List each type: _____
Are all pets current with vaccines? **YES / NO** (please circle)
Are all pets spayed/ neutered? **YES / NO** (please circle)
Are all dogs on a year-round heart worm preventative? **YES / NO** (please circle)
If so, what kind? _____
Are you aware that this animal requires a lifetime commitment and may live 15+ years? **YES / NO** (please circle)
How long do you intend to keep this dog? _____
Under what circumstances would you not keep this animal? _____
If you move, will you take this dog with you? **YES / NO / MAYBE** (please circle)

Most shelter animals have unknown medical backgrounds. Once you take possession of this animal are you prepared to take it to a licensed veterinarian for regular check-ups and any other necessary medical treatment at your expense? **YES / NO** (please circle)

Who is/ will be your veterinarian? _____
(Name) (Address) (Phone)

Are you prepared for the costs of owning a pet? Including: food, yearly vaccinations, medical care, grooming, etc? **YES / NO** (please circle)

Do you agree to participate in follow-up calls and/ or visits from Barkie's Legacy volunteers? **YES / NO** (please circle)

Barkie's Legacy's funds are very tight, due to the high cost of veterinarians and supplies. Therefore, we have a "no refund" policy after two weeks of ownership. Is this acceptable to you? YES / NO (please circle)

Barkie's Legacy's adoption policy states that if the adoption does not work out for any reason, you agree to return the animal to us. Will you comply? YES / NO (please circle)

I hereby confirm that the information supplied here is truthful. I understand that Barkie's Legacy may refuse adoption for any reason or may confiscate an animal at any time if the information given here is deemed incorrect or if the animal is not being cared for properly. I further understand that if I cannot keep this animal for any reasons, I will contact Barkie's Legacy and make arrangements to return this animal, so that Barkie's Legacy places the animal in another suitable home.

Signature: _____

Date:_____