



Dog Adoption Application

Welcome to North Georgia Animal Alliance (NGAA) Adoption Program. Pet ownership is a major responsibility with a life-long commitment to the adopted pet. The questions on this application are not intended as an invasion of privacy; it is information used for NGAA only in determining a good fit between our adoptable pet and the Adoptor. The information is not disseminated to any other individuals, groups or agencies. **NGAA reserves the right to deny a pet adoption for any reason.**

To be considered for pet adoption, you must:

- Be 18 years of age or older.
- Have the knowledge and consent of your landlord (if applicable).
- Have ID showing your age and present address.
- Be willing to spend the time & money necessary to provide medical treatment and proper care of the pet during its life.

Name of the pet you're interested in adopting: _____

ADOPTOR INFORMATION – Please Print Clearly

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Work #: _____

Email Address: _____ DOB (mm/dd/yyyy): _____

Employer: _____ Job Title: _____

Employer Address: _____

Employer Phone: _____ How long have you worked for this employer? _____

Driver's License #: _____ State: _____ Expiration Date: _____

CO - ADOPTOR INFORMATION – Please Print Clearly

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Work #: _____

Email Address: _____ DOB (mm/dd/yyyy): _____

Employer: _____ Job Title: _____

Employer Address: _____

Employer Phone: _____ How long have you worked for this employer? _____

Driver's License #: _____ State: _____ Expiration Date: _____

ADOPTOR HOUSEHOLD INFORMATION – Please Print Clearly

How long have you lived at your current address? _____ Years _____ Months Do you: Own Rent

If you rent, does your landlord and/or the lease agreement allow pets? Yes No I do not know

Landlord's Name: _____ Landlord's Phone #: _____

ADOPTOR HOUSEHOLD INFORMATION (continued)

Type of building where you live: house apartment condo/townhouse trailer/mobile home

Are you willing to allow a representative from our rescue group to visit your home by appointment? Yes No

Do all members of the household know about and want a new pet? Yes No If no, please explain: _____

Do any family members have pet allergies? Yes No How many hours will the pet be alone during the day? _____

What is your family's lifestyle like? Active/On the Go Quiet/Relaxed Entertain frequently
 Travel frequently Lots of kids in & out Very loud/lot of noise

How many children live in the home? _____ Children's ages: _____

DOG ADOPTION INFORMATION— Please Print Clearly

Why do you want to adopt this new pet? (check all that apply below):

family pet child's pet watch dog my pet guard pet for business companion for other pet gift other

If other, explain: _____

Do you have a fenced yard? Yes No If yes, does it provide shade and a covered area? Yes No

Where will this pet live on a regular basis? Indoor Only Outdoor Only Indoor & Outdoor

How will you keep the dog confined to your property? inside in basement in the garage inside free run of house

inside confined to one room Inside in crate outside in fenced area outside on chain or dog-run other

If other, explain: _____

If not already altered, do you agree to have the pet spayed/neutered? Yes No

Are you willing to work with your new pet if he/she is not fully potty trained? Yes No

Have you ever crate trained a pet? Yes No

Are you willing to keep a collar and ID tag on your new pet at all times? Yes No Do you plan to microchip? Yes No

How do you plan to prevent fleas and ticks on your pet? _____

Are you aware of products such as Frontline, Advantage, Revolution, Seresto Collars? Yes No

Do you know what heartworm disease is and how to prevent it? Yes No

Are your current pets (or previous pets) on a heartworm prevention medication? Yes No

Do you have a plan for your pet if you are unexpectedly required to be away for an extended period of time? Yes No

Who will take care of the pet when you're away or on vacation? _____

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

Dogs can live 15 to 20 years - are you willing to commit and be responsible for this pet for its entire lifetime? Yes No

Have you ever surrendered a pet to an Animal Shelter/Humane Society/Animal Control? Yes No If yes, explain below:

Have you ever surrendered a pet or had a pet for a brief period of time and it didn't work out? Yes No

If yes, explain: _____

If you are unable to keep your pet, for any reason at any time, do you agree to return the pet to NGAA? Yes No

PET HISTORY INFORMATION – Please Print Clearly

How many pets do you currently have in the household? _____

Please list below all pets that you currently own or have owned in the past 10 years.

Pet's Name	Age	Gender	Type (dog/cat/bird)	Spayed/Neutered?	Owned how long?	Still Own?	If no, reason you no longer own pet?
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

VETERINARIAN INFORMATION– Please Print Clearly

Where will your new pet receive veterinary care or where do you take you current pets?

Veterinarian's Name: _____

Name of Practice: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

PERSONAL REFERENCE INFORMATION– Please Print Clearly

Please list the name, address and phone number of two personal references:

1) _____

2) _____

SIGNATURE

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of the rescue pet and/or give NGAA the right to reclaim the adopted pet and remove the pet from my home. I authorize the release of veterinarian information related to current and past pets. I am 18 years of age or older. NGAA has the right to refuse any application/adopter.

Signature: _____ Date: _____

Print Name Clearly: _____ Cell # _____

If a NGAA or store staff member (where pets are available for adoption) have any questions or concerns, then NGAA retains the right to reject the application outright or to do additional follow-up and/or home checks prior to adoption. If after an approved adoption, you are unable to keep the pet, for any reason at any time, you must return the pet to NGAA. To return a pet, you must call NGAA at 706-937-2287 and leave a message. A NGAA representative will call to make arrangements to return the pet to the organization. A pet cannot be returned to the store where it was adopted unless you have first called NGAA to make arrangements for the return. All of the pet's medical documentation must be returned with the pet. Refunds are not issued for the return of a pet.