



A Charity Service by Country Comfort Kennels & Camp for Pets

23 Kratz Rd.
Shrewsbury, PA 17361
717-227-9674
717-235-5043 FAX

Date _____

Dog Application

Our Adoption Procedure: 1. Fill out application. Circle appropriate answers.
A successful adoption depends on both the selection of the right dog for your household and the understanding of his/her needs. Please answer all questions so we can help make a good match. (Skipped questions can delay the processing of your application)

2. You will then get an opportunity to meet the dogs and see if there is anyone you would like to adopt. The adoption process usually takes 5 – 7 business days. You must be at least 21 years of age to adopt.

Applicant: _____
Legal Name

Co-Applicant: _____
Legal Name

Address: _____

City _____ County _____ State _____ Zip _____

Phone: _____ Cell _____

E-mail address: _____ Which is the best method to contact you if questions arise during the processing of this application? _____

Applicant's Employer: _____

Co-Applicant's Employer: _____

Relative's Phone: _____ Relationship _____

Do you: Own Rent Landlord Name & Phone _____

Why do you want to adopt a dog?

Companion Gift Guard Dog Shepherding Livestock Protection For Child Other:

Do you have a fenced-in yard? If so, what type _____ Height _____

Does the fence enclose the yard? Yes No If no, explain _____

If you don't have a fence do you plan to install one? Yes No If yes, what kind _____

If there is no fence how will you let your dog out?

Leash walked Kenneled Tie Out Electric Fence Trained to stay in boundary of property

Where will this pet be kept? During the day ? Inside Outside

During the night? Inside Outside

When the family is not home, how will the dog be kept? (e.g. work, shopping e tc): (circle all that apply)

Crate Run of House Backyard Tie-Out
Kennel w/ doghouse Garage Access to doggy door Other (explain)

Where will the dog sleep? _____

How many adults live in your household? _____ # of children _____ children's ages

Is anyone home during the day? Yes No Who? _____

What is the longest period of time that the dog will be left alone during a typical workday? _____

Who will be responsible for feeding and taking the dog outside? _____

Who will care for this pet when you go on vacation? _____

Have you ever boarded your pets? Yes No Where? _____

If you move, what will you do with this animal? _____

Are you willing to take responsibility for this pet for the next 10 or more years? _____

Considering the cost of veterinary care, food, boarding, grooming and licensing, etc. how much do you think it will cost to care for this animal each year? _____

We require that all animals adopted from us be spayed or neutered. Do you have any questions or reservations about this policy? Yes No If yes, please explain: _____

Are you willing to put in the time to housebreak a dog? Yes No

Do you understand that changing a dog's environment may cause the dog to have accidents? Yes No

What circumstances would cause you to return this dog?

If a behavioral problem arises, what steps will you take to work on it?

Will you take a formal obedience training class? Yes No

As part of our adoption process we may do home visits. Are you willing to have a home visit?
Yes No

Please list three personal references (two non-family) with name, phone number and relationship

A. _____

B. _____

C. _____

Please list your preferences in your potential pet (age, sex, breed, personality, size)

Are you interested in a particular Diamond Dog? Yes No If Yes, Who? _____

I have read the above information carefully and have filled out the application honestly. I understand that Any omission of information and/or failure to answer all questions and sign the application can result in the application being declined. I authorize Diamond Dog Rescue to verify my information, I also understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal. Diamond Dog Rescue reserves the right to refuse the adoption of any animal to anyone.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Office Use
DR _____
Ini _____
Rt _____

Please list all pets and animals that are *currently* in your home

Name	Cat/Dog/Other	M/F	Age	Sp/Neut	How long have you had?

Please list all previous pets/animals. (Use back of paper if necessary)

Name	Cat/Dog/Other & Breed	M/F	Sp/Neu Declawed	How long owned?	Where is now?	If deceased year/how?	Name of Vet	Comments

Name of Veterinarian and Animal Hospital for current pet(s): _____

Phone _____

In whose name are the vet records listed: _____

Who vaccinated your pets? Veterinarian Clinic

Please note: If your animal was vaccinated in a clinic, we will need to see proof of rabies vaccination/s.

In whose name are the clinic records listed: _____

Veterinary/Medical Release- I authorize the release of my pet's (or pets') medical information from the veterinarian or animal hospital listed above. All of the above information is correct and filled out honestly and I can sign the release.

Signature of Owner: _____ Date: _____

Veterinary Reference and Confirmation _____

Signature of Diamond Dog Witness: _____