



The Institute of Canine Behavior

2001 Princeton St, Sarasota, FL 34237
941-915-8181 or 941-953-6700

www.k9korralsrq.com info@k9korralsrq.com

Adoption Application

Thank you for your interest in saving a life by adopting an animal from K9 Korral!
The following information is required so that we can assist you in the selection of a new family member.
The information you provide will be held in the utmost of confidence, and will only be used for the adoption process. All questions **MUST** be answered. If a question does not pertain to the particular animal you are inquiring about, write N/A. Incomplete applications will **NOT** be considered.

In order to be considered for an adoption you must meet the following criteria:

- Be at least 21 years of age (negotiable)
- Have identification showing your present address
- Have the consent of all adults living in the household
- Own your own home, or have the landlord's consent to bring an animal into your apartment/home

*Completion of this application does **not** guarantee the adoption of an animal in our care*

Date _____

I am interested in Adopting: __Puppy __Kitten Dog Cat Senior Special Needs

Name of animal interested in (if applicable) _____

Reason for adopting: Companion Companion for another pet Watch/guard dog Hunting
Personal protection Other (specify) _____

Have you ever adopted from us before? Yes No If yes, when _____

ADOPTER INFORMATION

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____

Employer _____ Telephone _____

Driver's License # _____ State _____

Are you a full-time FL resident? Yes No If no, what other state do you reside in? _____

Have you ever been charged with or convicted of animal abuse, neglect, or cruelty? Yes No

If yes, explain _____

CURRENT LIVING ARRANGEMENTS

 Single-Family Home Condo Apartment Mobile Home Other (specify)

Do you Own Rent - Landlord's Name _____
Telephone _____

How many adults are there living in the home where this pet will be? _____ How many children? _____ Ages?

Is anyone in this household allergic to animals? Yes No

Do you have a backyard? Yes No If yes, is it fenced on all sides? Yes No Height of
fence _____

Type of fence Chain Link PVC Wood Other (specify)

Do you have a pool? Yes No If yes, is there a fence around the pool? Yes No

CARE OF YOUR NEW FAMILY MEMBER

Will someone be home during the day with this pet? Yes No If yes, who?

How many hours each day will this pet be without human companionship?

What sort of training do you plan/are willing to provide for this pet? (crate training, obedience class, etc.)

How do you plan to exercise this pet?

Where will this pet be kept during the day? _____ Where will this pet sleep?

If adopting a dog, will he/she be kept In the house Outside in kennel/dog run Secured on chain/rope Garage
 Patio In crate in house Other

If adopting a cat do you intend to declaw him/her? Yes No Will this cat be Indoors only Outdoors only Both

If you drive a pickup truck, would you allow this pet to ride in the back? Yes No

Under what circumstances would give up this pet? Excessive expenses Got too big Not enough time to spend with pet

Too energetic/hyper Jumps on people/furniture Housetraining/litter box problems Aggression Barking

Chewing Digging Biting Scratching Moving Other

Do you travel? Yes No If yes, how do you intend to provide for this pet while you're away?

What provisions will you make for this pet should you become unable to care for him/her? _____

Are you willing to have a representative of K9 Korral come to see where this pet will be living?

Yes No If no, why not

Do you understand and agree that should you be approved for an adoption and it does not work out that this pet **MUST** be returned to K9 Korral ? Yes No

OTHER PETS

Do you currently have pets? Yes No If yes:

Sex/Type of Pet	Age	Spayed/ Neutered?	Current on vaccinations/ heartworm prevention?
_____	_____	<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

Have you had pets in the past? Yes No If yes, what happened to them?

Have you ever turned a pet into a shelter? Yes No If yes, please explain _____

Have you ever had a pet euthanized? Yes No If yes, please explain _____

REFERENCES

Give three references (two non-family members), and veterinarian

1. Name: _____ Relationship: _____ Telephone: _____

2. Name: _____ Relationship: _____ Telephone: _____

3. Name: _____ Relationship: _____ Telephone: _____

If you have used a vet in the past:

Veterinarian's Name: _____ Telephone: _____

Name and type of animal registered with this clinic: _____

Name of owner:

If you never have had a pet, please give us the name and number of the vet you are planning to use:

Veterinarian's Name: _____ Telephone: _____

Comments

K9 Korral reserves the right to reject any application for adoption. Applicant, by signing below, gives permission for a representative of K9 Korral to contact references and landlord (if applicable) provided on this form, and make a home visit prior to adoption. Applicant further acknowledges that all information contained in this application is true and correct, and that any misrepresentation may result in the removal of the adopted pet if adoption is approved. Applicant understands there is an adoption fee due at the time of adoption.

Applicant's Signature _____ Date _____

**Application can be mailed to:
K9 Korral
2001 Princeton Street
Sarasota, FL 34237**