



# LANGE FOUNDATION

2106 S. Sepulveda Blvd., Los Angeles, CA 90025

(310) 473-5585 • Fax (310) 473-0157

## Application to Adopt a Dog/Puppy

**Instructions:** Please read this Application, fill in the blanks, sign it, and return it to us at the address above. The information you provide in this Application and during our interview will help us find a good match for you.

*Please print.*

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Spouse/Partner/Roommate \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Hours \_\_\_\_\_

Age: Over 21?  Yes  No Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

### Please list 2 personal references and their relationship to you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How did you hear about Lange Foundation? Website  Newspaper  Referral  Other \_\_\_\_\_

### Your veterinarian:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Can you commit to care for the dog for its whole life? Including the cost of veterinary care?

### Trainer name and number:

Name \_\_\_\_\_ Phone \_\_\_\_\_

If you do not have a trainer would you be willing with one?  Yes  No

### Please describe the kind of dog you are interested in adopting:

Age \_\_\_\_\_ Sex \_\_\_\_\_ Reason for sex preference \_\_\_\_\_

Breed/mix \_\_\_\_\_ Size \_\_\_\_\_ Coloring \_\_\_\_\_

Temperament \_\_\_\_\_ Will it be a working dog? \_\_\_\_\_

Why do you want a dog? \_\_\_\_\_

"Do you have any interest in altering the appearance of this breed (i.e. cropping tail or ears)?" If so, what? \_\_\_\_\_

Why do you like the breed/mix you are interested in? \_\_\_\_\_

Have you owned this breed/mix before? \_\_\_\_\_

**Sterilization.** If the dog you want to adopt is not yet sterilized, you agree it must be sterilized either before or shortly after you adopt it and agree to deliver proof of same to Lange Foundation.

**Dog Adoption Application** Page 2

**Your dogs:**

How many dogs do you have? \_\_\_\_\_ Breed/mix \_\_\_\_\_ Ages \_\_\_\_\_

If none, have you owned any dogs in the last 10 years? \_\_\_\_\_

What happened to them? \_\_\_\_\_

Were any bought from a breeder? \_\_\_\_\_ from a store? \_\_\_\_\_ adopted from a shelter \_\_\_\_\_

inherited? \_\_\_\_\_ found stray? \_\_\_\_\_ Other? \_\_\_\_\_

Have you ever adopted a dog and returned it? \_\_\_\_\_

Do your dogs have any physical problems? \_\_\_\_\_

Any behavior problems? \_\_\_\_\_

Any dominance problems? \_\_\_\_\_ Do they get along with other dogs? \_\_\_\_\_

Are they sterilized? \_\_\_\_\_

**Your children:**

Do you have children? \_\_\_\_\_ Number \_\_\_\_\_ Ages \_\_\_\_\_

Have they had dogs? \_\_\_\_\_ Was it successful? \_\_\_\_\_

**Your cats:**

How many cats do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

Any behavior problems? \_\_\_\_\_

Do they get along with dogs? \_\_\_\_\_ Are they declawed? \_\_\_\_\_

Are they sterilized? \_\_\_\_\_

**Other pets:**

Describe \_\_\_\_\_

**Your home:**

Number of adults? \_\_\_\_\_ Do you own or rent your home? \_\_\_\_\_

If you rent, do you have written permission from your landlord to have a dog? \_\_\_\_\_  Verified

Landlord name \_\_\_\_\_ Landlord telephone \_\_\_\_\_

Is it an  apartment,  duplex,  townhouse,  single house,  mobile home,  other?

Yard size? \_\_\_\_\_ Is it fenced? \_\_\_\_\_ Height? \_\_\_\_\_ Lock on gate? \_\_\_\_\_

Do you have a pool? \_\_\_\_\_ Is it fenced? \_\_\_\_\_ Do you have a balcony? \_\_\_\_\_ Is it enclosed? \_\_\_\_\_

Any community restrictions on dogs? \_\_\_\_\_

How will your new dog spend its days? *(Circle everything that applies)*

Indoors Crated Basement Garage Porch Locked in room Fenced yard

Loose unfenced Tied outside Dog house Kennel run

How will your new dog spend its nights? *(Circle everything that applies)*

Indoors Your bedroom Kitchen Crated Basement Garage Porch

Locked in room Fenced yard Loose unfenced Tied outside Dog house Kennel run

**Home visit.** You agree to allow us to visit your home by appointment as part of our application process.

Applicant information: All of the information I/we provided in this application is true and correct.

If any of the information changes, I/we will advise you promptly. Representatives of Lange Foundation

have the right to disapprove this application at their sole discretion.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

Spouse/Partner/Roommate Signature

Volunteer