



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 _____ Phone _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Occupation _____ Hours _____

Age: Over 21? Yes No Employer's Name _____ 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 _____

Address _____

City _____ State _____ Zip _____

Phone _____

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? _____

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

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

Volunteer

Spouse/Partner/Roommate Signature