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LANGE FOUNDATION
animal rescue, care, and placement

2106 S. Sepulveda Blvd. Los Angeles, CA 90025
Halfway Home Kennel 310.473.5585 • **Fax** 310.473.0157 • **St. Bonnie's Sanctuary** 661.251.5590
Email: info@langefoundation.org • **Visit Online:** LangeFoundation.org

Dog Adoption Application

Name _____ Driver's License _____

Date of Birth _____ Email _____

Main Phone _____ Alternate Phone _____

Address _____

City, State, Zip _____

Occupation _____ Employer _____

Work Hours _____ Work Phone _____

List all adults and children living in your home. Total number, yourself included _____

NAME	AGE	OCCUPATION	RELATIONSHIP	PHONE NUMBER

Is anyone allergic to dogs? _____ Does everyone agree on adopting the dog? _____

Do you rent or own your home? _____ If rent, may we contact your landlord? _____

Landlord Name _____ Landlord Phone _____

HOUSE APARTMENT TOWNHOUSE CONDO MOBILE HOME _____

If you have a yard, describe the size & fence type/height _____

Is there a lock on the gate? _____ Do you have a dog door? _____

Do you have a pool? _____ Is it securely fenced? _____ Is there a balcony? _____ Is it enclosed? _____

Is this your first dog? _____ Reason for adopting _____

Can you commit to the care and veterinary costs for the life of the dog (up to 10-15 years)? _____

Veterinarian Name _____ Veterinarian Phone _____

How did you hear about Lange Foundation? _____

List 2 personal references who do not live in your household:

NAME	PHONE	RELATIONSHIP

Trainer Name _____ Trainer Phone _____

If you do not have a trainer, what training method do you plan to use? _____

How many dogs do you have? _____ Breed/Mix _____ Ages _____

Have you had dogs in the past 10 years? _____ What happened to them? _____

How many cats do you have? _____ Are they declawed? _____ Ages _____

Where are your pets from? BREEDER STORE SHELTER STRAY _____

Are your pets sterilized? _____ Current on vaccines? _____

Any medical, physical, or behavioral issues? Explain: _____

List any other pets in the home _____

Have you ever rehomed a pet? _____ Why? _____

Describe in detail your ideal dog (breed, age, gender, temperament, etc) _____

Under what circumstances would you crop a dog's ears or dock the tail? _____

Where will your new dog spend the day? (circle all that apply)

Loose Indoors Crated Indoors Basement Garage Porch Fenced yard
Loose Outside Tied Outside Kennel Run Other: _____

Where will your dog be during the night? (circle all that apply)

Loose Indoors Crated Indoors Basement Garage Porch Fenced yard
Loose Outside Tied Outside Kennel Run Other: _____

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.

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 provided in this application is true and correct. If any of the information changes, the adopter will promptly update Lange Foundation.

Completion of application does not guarantee adoption: Lange Foundation has the right to deny any application.

DATE _____

SIGNATURE _____