

Peaceful Passings

Date: _____

Our Vision:

A world where no animal has to be euthanized because of age or medical challenge when a quality of life remains.

Dog adoption application:

Our goal is to assist you in selecting the most appropriate animal companion for your lifestyle, preferences, needs, and time constraints.

Please take time to assist us by providing us with the following information.
Thank You!

I would prefer: () Male () Female () Doesn't matter

Name: _____

Street Address: _____

City/State/Zip _____

Home Phone: _____

Business Phone: _____

Email Address (if applicable): _____

About Your Household:

Number of adults in household _____ Number of children in household: _____

Please list sex & ages of children:

Does any member of your household have an allergy to dogs? () yes () no

Do you live in a: () Single family home () Farm () Mobile home () Condominium
() Apartment

If renting, you must have written permission from your landlord.

Landlord's Name _____

Phone No. _____

Do you have a yard? () yes () no If yes, is your yard fenced? () yes () no
If yes, note the approximate size of fenced area, height of fence, and type of
fencing:

If no, how do you intend to exercise your dog and send him/her out for potty breaks?

Our Adoption Agreement provides that a dog will not be chained or tied outdoors, nor left outdoors for long periods unsupervised. Do you agree to these conditions? () Yes () No

Companion animal history:

Primary reason(s) for desiring to adopt a dog:

____ Companionship ____ Good for whole family ____ Love animals ____ Need protection such as a watchdog ____ Interested in breeding ____ Other:

How many dogs have you owned in the past ten years?

Please list each dogs' breed, sex, name and age. If you no longer own the animal, what became of it?

Do you have cats? () yes () no If yes, how many and what are their ages:

Are your existing animal companions spayed/neutered? () yes () no

Are your existing animal companions current on vaccines? () yes () no

Have you ever turned a pet into a shelter? () yes () no

Have you had a pet euthanized? () yes () no

Please explain: _____

Have you ever bred dogs? () yes () no

Have you ever trained a dog before? () yes () no If yes, what commands were taught?

Are you familiar with crate training () yes () no

If no, would you be willing to learn more about it and consider the use of a crate as a training & transitional aid? () yes () no

Planning for your new friend:

Where will your dog sleep?

Where will you keep your dog while you are not home?

Approximately how long would you expect your dog to be alone each day?

Do you currently have a veterinarian? () yes () no

If yes, please provide vet's name: _____

If no, would you like Peaceful Passings to recommend one or more veterinarians?

() yes () no

How would you describe your household activity level:

() very quiet () rather easygoing () usually something going on () lots of activity

If you drive a pick-up truck, would you allow the dog to ride in the back?

() yes () no

If you go away for a few days, or on a vacation, who will take care of the dog?

If you move, will you take the dog with you?

How much are you willing to spend on medical bills for your dog?

What would you do if the vet bills go over this amount?

Would you allow a representative from Peaceful Passings do a home visit?

() yes () no

Are you willing to make a commitment to this animal, as long as it has a quality of life as determined by a veterinarian? () yes () no

What provisions will you make for the dog should you become unable to care for it?

Have you ever been accused or convicted of animal neglect, abuse, or cruelty?
() yes () no

Please add any other information you think would assist us in helping you select a dog:

Signature: _____ Date: _____

Please return application to:

Peaceful Passings

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www.peacefulpassings.org