



SEAL BEACH ANIMAL CARE CENTER DOG ADOPTION APPLICATION

Date: ____ / ____ / ____

Name of Dog: _____ Breed / Description: _____
Name of Adopter: _____ Co-Adopter: _____
Street Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Phone #: Primary: (____) ____ - _____ Secondary: (____) ____ - _____
Email Address: _____
How did you hear about our shelter? _____

Please read and initial each statement below:

_____ I am at least 18 years old

Regardless of any verbal approval by a SBACC representative:

_____ I understand that this is only an application and does NOT guarantee that I will be approved

_____ I understand that the SBACC has the right to refuse an application for ANY reason

PREVIOUS AND EXISTING PETS

List any pets you **CURRENTLY** have in your home:

Breed/Type	Age	Spayed/Neutered?	Vaccines Current?
		<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 <input type="checkbox"/> Yes

List pet you had in the past AS AN ADULT:

Breed/Type	What happened to this pet (died? gave away to other home or shelter?)

If the pet was given away, please provide details: _____

RESIDENCE

How long have you been at your current residence? ____ Years / ____ Months

Residence Type:

- ☐ House ☐ Mobile Home ☐ Other: _____
☐ Apartment ☐ RV/Camper/Trailer
☐ Condo ☐ Boat

Residence Property Rights:

- ☐ Own ☐ Stay with family/friend/partner, etc.
☐ Rent/Lease* ☐ Other: _____
☐ Military

* Landlord/Apt Manager's Name: _____ Phone: (____) ____ - _____

Does your residence have any pet restrictions? ☐ No ☐ Yes ☐ Do not know

If "yes", please describe: _____

Yard and Residence Features (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Yard/approximate size: _____ | <input type="checkbox"/> Pool/Spa (Is it separately fenced? <input type="checkbox"/> No <input type="checkbox"/> Yes) |
| <input type="checkbox"/> Patio | <input type="checkbox"/> Pet Door |
| <input type="checkbox"/> Balcony | <input type="checkbox"/> Outdoor Kennel |
| <input type="checkbox"/> Stairs | <input type="checkbox"/> Outdoor Dog House |

Please describe fencing around any outdoor areas the dog will use (height/type):

What do you know about coyotes or other wildlife in your city or town?

What would happen to your pets if you moved? _____

MEMBERS OF HOUSEHOLD

Name	Age (if under 18)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who will provide for this dog in the event that you become ill or unable to care for him/her? _____

Does anyone in your home have pet allergies?

- ☐ No ☐ Yes (☐ Cats ☐ Dogs ☐ Other)

If you have children, do they have experience with dogs?

- ☐ No ☐ Yes: Please describe (type/size/energy of dogs, child's responsibilities, etc):

How will they be supervised with a new dog? _____

ABOUT THE PROSPECTIVE DOG

How do you plan on exercising this dog?

How often? _____

Based on your family's schedule in a normal week, what is the maximum number of hours your dog will be left alone? _____ How often? _____

Where will the dog be when you are home? _____

Where will the dog be when you are **not** home? _____

Is there any time the dog will be confined **outdoors** without access to the home? ☐ No ☐ Yes

If "yes", please explain: _____

Is there any time the dog will be restricted to a limited area **indoors**? ☐ No ☐ Yes

If "yes", please explain: _____

Where will the dog sleep? Please be specific: _____

Will the dog spend any time in the garage? ☐ No ☐ Yes

Have you been informed of any behavioral problems of the dog you want to adopt?

☐ No

☐ Yes: What was discussed? _____

If this dog has or develops behavioral problems, what would you do? _____

Are you willing to housebreak, leash train, and behavior train this dog?

☐ No

☐ Yes: What have you done in the past to train a dog? _____

Which of the following may be reasons for giving up your new dog?

☐ Excessive barking

☐ Digging

☐ Biting

☐ Destructive chewing

☐ Urinary/fecal accidents indoors

☐ Food aggression

☐ Aggressive on leash

☐ Aggressive to other pets in the home

☐ Excessive vet bills/care

☐ Divorce

☐ Household member doesn't like

☐ Allergies

☐ New baby

☐ Other _____

☐ None of the above

Will this dog wear a collar and ID tag?

☐ No

☐ Yes

Signature: _____

Date: _____