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www.coffeehumane.org

Dog Coordinator: Vera Lund Cell-931-588-9233

DOG ADOPTION APPLICATION

Date: _____ Name of Dog/Puppy _____

Name: _____ Address: _____

City/State/Zip _____

Phone: Home _____ Cell _____ Work _____

Email: _____ Employer: _____

To ensure that this adoption is in the best interest of both you and the dog, please answer:

Local Reference not living with you: Name & Phone _____

Do you rent? Y N Complex Name or Landlord's Name _____

Landlord's Phone # _____ Length at this address: _____

Name & Ages of Children 18 and under in the home: _____

What happens to dog if you move? _____

Who is your veterinarian? _____ Phone # _____

Are you prepared to take on the financial responsibility including veterinary care upon adoption: Y N

Do you agree to provide needed vet care & heartworm preventative for your dog? Y N

What happens when you vacation or have to leave town? _____

How many hours a day will dog be left alone? _____

Will dog be kept: Inside Outside Both

Where will dog be in the daytime? _____ Nighttime? _____

Do you have a fenced yard? Yes No If not, how will the dog be exercised and potty needs be managed?

Name, age, breed of all animals in the home: _____

Are you willing to work with the dog should behavior problems arise & seek help to solve problems if needed? Yes No