

Unqualified Dog Application

Name(s):

Main Phone:

Address:

Email:

Number of
Adults living in
the home:

Number of
Children living
in the home:

Ages of
Children:

How did you hear about DWW?

What are your work hours/ How long will the dog be left alone?

Do you currently own any other pets?

Yes

No

If yes, what are they and what is their age?

Are their vaccinations up to date?

Yes

No

Describe any past experience with dogs:

Have you ever had to give up a dog/pet?

Yes

No

If yes, please explain why:

Will the dog live in the home as a family pet?

Yes

No

What is your training philosophy?

Is your yard fenced and secure?

Yes

No

How do you plan on exercising the dog and how often?

Are you willing and able to provide routine vet and health care for the rest of the dog's life?

Yes

No

Do you have any preferences?

Yellow Labrador

Black Labrador

Female

Male

Adult

Puppy

Retired Dog

Unqualified for Health reasons

No Preference

Why would you like to adopt an Unqualified Dog?

Please provide 2 References (no family members):

Name:

Phone:

Email:

Years known:

Name:

Phone:

Email:

Years known:

Comments and Questions:

* Please note we use a "Best Match" system not a first-come-first-serve system*