

# BARL ADOPTION APPLICATION

Name

Address

Employer  Best way to contact

Number of Children in the Home  Age and Relationship

Please list two references **not related to you**

1.

2.

Type of Dwelling  Other

Type of Environment   Own  Rent Do you have a yard?

**Renters must provide a landlord statement stating pet may live on the premises.**

Do you currently have pets?

Family Vet Name

What do you like most about pet ownership?

What do you like least about pet ownership?

Where will the pet be kept?  Inside  Outside  Other

Where will the pet sleep?  How many hours per day will your pet be alone?

If you travel, who will care for your pet?

What types of behavioral/training issues are you prepared to deal with?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chewing         | <input type="checkbox"/> Leash Pulling    | <input type="checkbox"/> Chasing Cats      |
| <input type="checkbox"/> House Training  | <input type="checkbox"/> Nipping/Mouthing | <input type="checkbox"/> Digging           |
| <input type="checkbox"/> Barking/Whining | <input type="checkbox"/> Food Aggression  | <input type="checkbox"/> Jumping on People |
| <input type="checkbox"/> Marking         | <input type="checkbox"/> Pack Dominance   | <input type="checkbox"/> Resource Guarding |

Under what circumstances might you return your pet? (Check all that apply)

- |                                      |   |  |                                      |                                   |
|--------------------------------------|---|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Divorce     | <input type="checkbox"/> Family Illness | <input type="checkbox"/> Moving                | <input type="checkbox"/> New Baby    | <input type="checkbox"/> Chewing  |
| <input type="checkbox"/> Allergies   | <input type="checkbox"/> Housetraining  | <input type="checkbox"/> Barking/Digging       | <input type="checkbox"/> Got Too Big | <input type="checkbox"/> Shedding |
| <input type="checkbox"/> Pet Illness | <input type="checkbox"/> Not Obedient   | <input type="checkbox"/> Pets Didn't Get Along | <input type="checkbox"/> Other       | <input type="text"/>              |

By signing below, Applicant certifies that the above information is true and understands that, prior to being approved for adoption, this information will be verified.

Date