



**P.L.U.T.O. RESCUE  
DOG ADOPTION APPLICATION  
PO BOX 140889  
STATEN ISLAND, NY 10314  
718-227-0553**



\*\*\*\*\*Please note: Completed Application DOES NOT Guarantee Adoption\*\*\*\*\*

Dog's Name \_\_\_\_\_ Date of Application \_\_\_\_\_ Email \_\_\_\_\_

1. Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Landline \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Why do you want to adopt this pet? (Check all that apply)  
 \_\_\_ companion \_\_\_ gift \_\_\_ watchdog \_\_\_ companion for other pets \_\_\_ other, explain \_\_\_\_\_

3. Number of people in home: \_\_\_\_\_ Ages \_\_\_\_\_

4. Type of housing: Apt \_\_\_\_\_ Condo \_\_\_\_\_ Duplex \_\_\_\_\_ House \_\_\_\_\_ Does anyone smoke in the home? \_\_\_\_\_

5. Do you rent \_\_\_\_\_ or own \_\_\_\_\_? How long have you resided at your present address? \_\_\_\_\_  
 Are animals permitted? Y \_\_\_\_\_ N \_\_\_\_\_

6. If rental, landlord's name: \_\_\_\_\_ and Phone: \_\_\_\_\_

7. Are you employed? Yes \_\_\_ No \_\_\_ If yes, employers Name, Address and Phone # \_\_\_\_\_  
 How many hours per day do you work? \_\_\_\_\_

8. How will keep your dog confined to your property? \_\_\_\_\_  
 Do you have a fenced in yard? \_\_\_ How high is the fence? \_\_\_ feet.  
 Are there any openings, holes, areas where the dog could escape? Yes \_\_\_ No \_\_\_

9. How will your dog be exercised? \_\_\_\_\_

10. How long will your dog be left alone during the day? \_\_\_\_\_ What area of the house will dog live? \_\_\_\_\_

11. Where will the dog be kept? Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Indoor / Outdoor \_\_\_\_\_ Own a Crate? \_\_\_\_\_

12. Does anyone in your household have any known allergies to animals? \_\_\_\_\_

13. Do you have animals now? \_\_\_\_\_ What kind? \_\_\_\_\_  
 Ages \_\_\_\_\_ Are they neutered or spayed? \_\_\_\_\_

Has your current pet(s) been around dogs before? \_\_\_\_\_ How do they react? \_\_\_\_\_

14. Have you had animals in the past? \_\_\_\_\_ What kind? \_\_\_\_\_  
 What happened to them? \_\_\_\_\_

15. How did you hear about P.L.U.T.O. Rescue? \_\_\_\_\_

16. Veterinarian's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

17. Please list references:  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: I hereby state that my signature confirms the information in this application is true.