



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



Dog's Name _____ Date of Application _____

1. Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ 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: _____ Children in home _____ Ages _____

4. Type of housing: Apt _____ Condo _____ Duplex _____ House _____

5. Do you rent _____ or own _____? How long have you resided at your present address? _____

6. If rental, landlord's name: _____ and Phone: _____
 Are animals permitted? _____

7. Are you employed? Yes_No_ If yes, employers Name, Address and Phone # _____

8. How will keep your dog confined to your property? _____
 Do you have a fenced in yard? _____ How high is the fence? _____ feet.

9. How will your dog be exercised? _____

10. How long will your dog be left alone during the day? _____

11. Where will the dog be kept while alone? _____ 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.