



Animal Rescue Friends of Idyllwild
P.O. Box 719, Idyllwild, CA 92549 • 951/659-1122

Dog Adoption Application

We wish to THANK YOU for filling out this profile application. This information will help us to find the right pet for you and your family. We trust all the information you provide is true.

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: (_____) _____

Number of People at Home: _____ Cell Phone: (_____) _____

Ages of Children: _____

Employer: _____ Employer Phone: (_____) _____

Employed: Full Time Part Time Retired Work at Home

How many hours will your dog be left alone at home during the day? _____

Do you live in a: House Apartment Condo Mobile Home

How long have you lived at this address? _____ Years _____ Months

Do you: Own Rent Do you live with a: Parent Relative

If you rent, landlord's name: _____ Phone: (_____) _____

Do you have your landlord's permission to have a pet? Yes No

Are there any rules or regulations where you live that would conflict with your adopting this pet? _____

May we inspect your living facilities? Yes No

Does anyone in your family have allergies to pets? Yes No If yes, please explain: _____

Household Activity Level: Quiet Active Very Active

Do you have a local Veterinarian? Yes No If so, Name: _____

Do you believe in regular veterinary care for a pet? Yes No

Can you afford to pay for the care of this dog, healthy or sick? Yes No

How do you feel about spaying/neutering your dog? Yes No Maybe Later

How long have you been looking for a pet? _____

Would you like to adopt a: Puppy Adult dog Breed: _____ Size: _____

DOG'S NAME _____ Adoption Fee _____ PAID _____