

# A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>

[abdanimalrescueleague@gmail.com](mailto:abdanimalrescueleague@gmail.com)



## Adoption Application: Canine

### 1. APPLYING FOR...

Name: \_\_\_\_\_  Male  Female  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_

### 2. APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you a US citizen or permanent resident:  Yes  No

Driver's license #: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Employer's phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long have you been employed there: \_\_\_\_\_

Student:  Yes  No School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Have you ever had to get rid of a pet:  No  Yes

If yes, have you surrendered to us previously?  No  Yes

Reason: \_\_\_\_\_

### 3. CO-APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Title Preference:  Mr.  Mrs.  Ms.  No Mailing Preference

Are you a US citizen or permanent resident:  Yes  No

Place of employment: \_\_\_\_\_ Employer's phone: \_\_\_\_\_

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Occupation: \_\_\_\_\_ How long have you been employed there: \_\_\_\_\_

Student:  Yes  No School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Have you ever had to get rid of a pet:  No  Yes

If yes, what was the reason? \_\_\_\_\_

Have you surrendered to us previously?  No  Yes

Reason: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## 4. REFERENCES

Please provide two references (only one can be a family member):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 5. HOUSEHOLD DESCRIPTION

Residence:  House  Condo  Mobile Home  Apartment  Townhouse

Do you:  Rent  Own  Live with parents/ guardians

Landlord **name**/ Condo Association/ Guardian: \_\_\_\_\_

Landlord / Condo Association/ Guardian **phone**: \_\_\_\_\_

Landlord **email**/ Condo Association/ Guardian: \_\_\_\_\_

Pet policy:  Yes  No  I don't know

Breed restrictions:  Yes \_\_\_\_\_

No

Weight limit:  Yes \_\_\_\_\_ lbs  No Pets limit:  Yes # \_\_\_\_\_  No Pet deposit fee:  Yes  No

Do you own a crate:  Yes  No

Please list everyone 18 or older living in your home (spouse, partner, roommate, children, etc):

\_\_\_\_\_  
\_\_\_\_\_

Please list everyone under 18 in your home and their age:

\_\_\_\_\_  
\_\_\_\_\_

Has anyone living in your home been convicted of a felony? If yes, please explain:

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## 6. MOTIVATION FOR ADOPTING

Companion/ Family Pet    Child's Pet    Gift    Companion for other Pet    Guard dog

Other: \_\_\_\_\_

How much money do you think you will spend on pet care each year: \$ \_\_\_\_\_

Who will be responsible for the exercise, grooming, health care and feeding the animal? \_\_\_\_\_

How long do you expect to commit to the dog? \_\_\_\_\_

Where will the dog be kept during the day? \_\_\_\_\_ During the night? \_\_\_\_\_

How will you keep the dog on your property when outside:  Fenced yard    Run loose    Invisible fence

Kennel    Leash    Tied Down    Other: \_\_\_\_\_

How will you exercise the dog? \_\_\_\_\_

How will you handle barking, chewing, scratching, digging and other destruction? \_\_\_\_\_

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Under what circumstances would you not keep the animal? (Check all that apply)

Allergy    Moving    New Baby    Biting    Current pet not adjusting    Other: \_\_\_\_\_

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## 7. HOUSEHOLD PET(S) HISTORY

Please provide the following information on ALL of the pets you currently have and have had over the last 5 years. If the number of animals exceeds the space available, please request an additional page.

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

*\*ABD will contact the listed vet(s) so please inform them of our call and allow them to release pet(s) information to ABD*

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I certify that all the information in the "Adoption Application Canine" form is correct.

I understand that ABD reserves the right to refuse the adoption of any animal to any person for any reason.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Adoption form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOR ABD ADMINISTRATION ONLY:

Approved      Date: \_\_\_\_\_

Denied      Date: \_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pending      Reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_