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**LANGE FOUNDATION**  
*animal rescue, care, and placement*

**HALFWAY HOME KENNEL** • 2106 S. Sepulveda Blvd. Los Angeles, CA 90025  
Phone 310.473.5585 • Fax 310.473.0157 • Email info@langefoundation.org

**ST. BONNIE'S SANCTUARY** • 27567 Oak Spring Canyon Rd. Canyon Country, CA 91387  
Phone 661.251.5590 • Fax 661.251.0430 • Email st.bonnies@gmail.com

**Dog Adoption Application**

Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Main Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Apartment/Suite/Unit # \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

List all adults and children living in your home. Total number, yourself included \_\_\_\_\_

NAME	AGE	OCCUPATION	RELATIONSHIP	PHONE NUMBER

Is anyone allergic to dogs? \_\_\_\_\_ Does everyone agree on adopting the dog? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_ If rent, may we contact your landlord? \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_

HOUSE    APARTMENT    TOWNHOUSE    CONDO    MOBILE HOME    \_\_\_\_\_

If you have a yard, describe the size & fence type/height \_\_\_\_\_

Is there a lock on the gate? \_\_\_\_\_ Do you have a dog door? \_\_\_\_\_

Do you have a pool? \_\_\_\_\_ Is it securely fenced? \_\_\_\_\_ Is there a balcony? \_\_\_\_\_ Is it enclosed? \_\_\_\_\_

Is this your first dog? \_\_\_\_\_ Reason for adopting \_\_\_\_\_

Can you commit to the care and veterinary costs for the life of the dog (up to 10-15 years)? \_\_\_\_\_

How much would you spend if your dog was ill or needed surgery? \$ \_\_\_\_\_

Veterinarian Name \_\_\_\_\_ Veterinarian Phone \_\_\_\_\_

How did you hear about Lange Foundation? \_\_\_\_\_

List 2 personal references who do not live in your household:

NAME	PHONE	RELATIONSHIP

Trainer Name \_\_\_\_\_ Trainer Phone \_\_\_\_\_

If you do not have a trainer, what training method do you plan to use? \_\_\_\_\_

How many dogs do you have? \_\_\_\_\_ Breed/Mix \_\_\_\_\_ Ages \_\_\_\_\_

Have you had dogs in the past 10 years? \_\_\_\_\_ What happened to them? \_\_\_\_\_

How many cats do you have? \_\_\_\_\_ Are they declawed? \_\_\_\_\_ Ages \_\_\_\_\_

Where are your pets from?  BREEDER  STORE  SHELTER  STRAY  \_\_\_\_\_

Are your pets sterilized? \_\_\_\_\_ Current on vaccines? \_\_\_\_\_

Any medical, physical, or behavioral issues? Explain: \_\_\_\_\_

List any other pets in the home \_\_\_\_\_

Have you ever rehomed a pet? \_\_\_\_\_ Why? \_\_\_\_\_

If you can no longer care for your pet, do you have someone who has agreed to assume ownership? \_\_\_\_\_

If yes, who? Name \_\_\_\_\_ Phone \_\_\_\_\_

Describe in detail your ideal dog (breed, age, gender, temperament, etc) \_\_\_\_\_

Under what circumstances would you crop a dog's ears or dock the tail? \_\_\_\_\_

Where will your new dog spend the day? (circle all that apply)

Loose Indoors      Crated Indoors      Basement      Garage      Porch      Fenced yard  
Loose Outside      Tied Outside      Kennel Run      Other: \_\_\_\_\_

Where will your dog be during the night? (circle all that apply)

Loose Indoors      Crated Indoors      Basement      Garage      Porch      Fenced yard  
Loose Outside      Tied Outside      Kennel Run      Other: \_\_\_\_\_

**Sterilization:** If the dog I want to adopt is not yet sterilized, I agree it must be sterilized either before or shortly after I adopt it and agree to deliver proof of same to Lange Foundation.

**Home visit:** I agree to allow a Lange Foundation representative to visit my home as part of the application process.

**Applicant information:** I have filled out this application completely and all of the information provided is true and correct. If any of the information changes, I will promptly update Lange Foundation.

**Completion of application does not guarantee adoption:** Lange Foundation has the right to deny any application.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_