



# Sacred Sycamore

Animal Rescue 

## Dog Adoption Application

*Welcome to Sacred Sycamore's adoption program. We request the following information so that we can assist you in the selection of a new dog. This form and a consultation with a Sacred Sycamore representative are designed to help you find the dog most compatible with your lifestyle.*

**\*\*Completion of this application does not guarantee adoption of a Sacred Sycamore dog. \*\***

**To be considered as an adopter, you must:**

- Be 21 years of age or older
- Provide identification with current address
- Have the consent of your landlord (if applicable)
- Be able and willing to spend the time and money necessary to provide proper care and medical treatment for the dog.

***Please print legibly and answer all questions. Thank you!***

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

E-mail \_\_\_\_\_ Are you over 21 years of age? Yes No

Are you adopting for yourself? Yes No If No, for whom? \_\_\_\_\_

Describe in detail the type of dog you are seeking: \_\_\_\_\_

Will this be your first dog? Yes No

What kind of pets do you currently have? (Include age, sex and breed.) \_\_\_\_\_

Have your pets been spayed or neutered? Yes No Do Not Know

**Sacred Sycamore Animal Rescue**  
2230 Stafford Road, Suite 115, #182 ♦ Plainfield, IN 46168 ♦ (765) 720-5671  
[www.sacredsycamoreanimalrescue.org](http://www.sacredsycamoreanimalrescue.org)

Are they current on vaccinations? Yes No Do Not Know

What other pets have you had in the past? \_\_\_\_\_

Have you ever surrendered your dog to a shelter? Yes No

If yes, please explain: \_\_\_\_\_

Have you ever had a pet euthanized? Yes No

If yes, please explain: \_\_\_\_\_

Reason for adopting a dog? (Check all that apply.)

Companion Companion for other pet House pet  
Watch dog Guard dog Hunting Personal protection  
Other (explain) \_\_\_\_\_

How many people live in your home? Adults? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of Children? \_\_\_\_\_

Does any member of your household have an allergy to dogs? Yes No Do Not Know

Is someone home during the day? Yes No If yes, whom? \_\_\_\_\_

If no, how many hours each day will the dog be without human companionship? \_\_\_\_\_

Where will the dog be kept during the day or when you are not home? \_\_\_\_\_ Night? \_\_\_\_\_

Where do you live?

House Apartment Condo Mobile home Other \_\_\_\_\_

Do you own or rent your home? Own Rent

If you rent, may we contact the Owner/Landlord to obtain permission for this dog to live in your home? Yes No

Owner's/Landlord's name and phone number: \_\_\_\_\_

What is your current occupation/employer? \_\_\_\_\_

Does your job require extensive travel? Yes No If yes, how often? \_\_\_\_\_

Do you have a completely fenced yard? Yes No If Yes, what kind of fence? \_\_\_\_\_ Height? \_\_\_\_\_

If your new dog/puppy is not housebroken, what method will you use to train him/her? \_\_\_\_\_

Will you keep the dog up-to-date on vaccinations? Yes No

Who is your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_

How did you find out about Sacred Sycamore Animal Rescue? \_\_\_\_\_

Are you willing to have a Sacred Sycamore representative come to your home to conduct a home visit? Yes No

Please return this form to: **Sacred Sycamore Animal Rescue**  
via email at [sacredsycamoreanimalrescue@gmail.com](mailto:sacredsycamoreanimalrescue@gmail.com) AND [murfeen1@tds.net](mailto:murfeen1@tds.net)

NOTES (for Sacred Sycamore use)

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