



AssistanceDogs
of America, Incorporated

8806 State Route 64
Swanton, OH 43558
419-825-3622 Ph
419-825-3710 Fax

info@adai.org
www.adai.org



ADAI PET HOME ADOPTION APPLICATION

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ Preferred means of contact Phone Email

Persons in Household, ages: _____

Pets in Household _____

Home: own or rent*? (Circle) If rental, do they allow dogs? _____

Landlord's Name _____ Phone _____

****If renting, letter printed on letterhead from landlord stating that dogs over 50lbs. are allowed on premises will need to be included with this application.****

Do you have a fenced in yard? If not, how will you allow the dog to relieve itself and get exercise? _____

Who will have the primary responsibility for care and training of the dog? _____

Is everyone in the household supportive of having a dog in the home? _____

How do you plan to discipline the dog when they do something unacceptable? _____

Have you ever owned a dog before? Please describe. _____

Where will the dog stay at night? _____

Where will the dog stay when you are not home? _____

Have you ever had a pet hit by a car? If yes, how will you prevent this from happening in the future? _____

Are you willing to wait several months to receive a "released" dog? _____

Do you have any concerns or questions about the possibility of adopting a "released" dog? _____

Would you be willing to make a donation to help cover the costs already invested in the dog? _____

Please list 3 personal references with phone numbers:

1) Name _____ Phone _____

2) Name _____ Phone _____

3) Name _____ Phone _____

Veterinarian Office _____

Name _____ Phone _____

ADAI highly recommends continuing the training process of our released dogs by attending basic obedience classes from a **Positive Reinforcement Trainer**. This will create a firm bond between you and your new companion. If you have a trainer in mind, please list the following.

Organization/Company _____

Name of Trainer _____ Phone _____

I, _____, certify that the information contained in this application is correct to the best of my knowledge.

Signature _____

Thank you for your interest in our program. Your application will be reviewed and an ADAI representative will contact you in the near future.