Darling Dachshunds of TN

# Adoption Application

## Applicant Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | |  | | | |  | Date: |  | |
|  | Last | | | | First | | | | M.I. |  |  | |
| Address: |  | | | | | | | | | | |  |
|  | Street Address | | | | | | | | | | | Apartment/Unit # |
|  |  | | | | | | | |  | | |  |
|  | City | | | | | | | | State | | | ZIP Code |
| Phone: |  | | | | | Email |  | | | | | |
| Gender wanted: | |  | | Coat preferred.: | |  | | Budget: | | | | $ |
| Litter Applied for: | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | | YES | NO | Are you willing to wait for a future litter.? | | YES | NO |
| Have you ever owned a dachshund? | | YES | NO | If yes, when? |  | | |
| Do you have a regular veterinarian? | | YES | NO |  | | | |
| If yes, provide contact info: |  | | | | | | |

## Home Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Own or rent: | | |  | | | | Fenced yard? |  | | | |
| House or apartment? | | |  | | | |  |  | | | |
| From: |  | | | To: |  | Do you crate-train? | | YES | NO | Walk regularly? |  |
| Have children: | |  | | | | | If yes, ages: |  | | | |
|  | |  | | | | |  |  | | | |
| House breaking plan: | |  | | | | | Other pets: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

If you rent, please provide proof that dogs are allowed.

If you rent, what is your plan for exercising your pup?

Do you plan to breed? \_Yes / No If so, what DNA testing do you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, will you agree to spay/neuter between 12-18 months? YES / NO

In the event you cannot keep the puppy, will you notify us so that puppy can be safely re-homed?\_\_\_\_\_

If you become critically ill, or pass away, what is your care plan for your puppy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list three references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result refusal of placement

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