PET ADOPTION APPLICATION
The Vanderpump Dog Foundation
Los Angeles, CA 90048
info@vanderpumpdogs.org
(323) 852-3647

Name:_______________________________________________________________
Address:_______________________________________________________________
City:_____________________________________State:____________Zip:_________
Home Phone:_____________________WorkPhone:____________________Age:___
Email Address: ____________________

1. Name of pet you are applying for: ______________________________________

2. Description of pet you are applying for (or looking for): ________________________

3. Do you want this pet for: COMPANION     PROTECTION     GIFT      SERVICE/ESA
OTHER_______________

4. This pet will be without human companionship for about ____________ hours
   per day, ______________days per week.

5. Where will your pet be kept during the day? (circle all that apply)
   INDOORS     OUTDOORS     DOG PEN     CRATE     BASEMENT     GARAGE
   OTHER______________________

   During the night? (Circle all that apply)
   INDOORS     OUTDOORS     DOG PEN     CRATE     BASEMENT     GARAGE
   OTHER______________________

6. Do you plan to let it outdoors? YES NO
   If yes, how often?________________________

7. Where do you live? HOUSE     APARTMENT     TOWNHOUSE     OTHER_______
   _________I RENT _________I OWN _________With My parents
Landlord’s name: __________________________________ Phone: __________________

8. Does your landlord allow pets? YES  NO  DON'T KNOW
Deposit required? ____________________ Monthly rent increase? __________

9. Do you have a fenced yard? YES  NO
If fenced, please describe the height and type: ______________________________

11. Please provide the following information about your household:
   Number of adults: ______ Ages: _______________
   Number of children: _____ Ages: _____________

12. Is anyone in your family allergic to animals? ____________ circle: CATS   DOGS

13. What will you do with your pets if you move in the future: ______________________

14. How much do you anticipate spending yearly to feed, vaccinate, license and
   provide medical care for your pet? ________________________________________

15. Would you be willing to allow us to visit your home before the adoption is completed? ______________________

16. Have you ever given a pet up? Why? ______________________________________

17. What type(s) of pets do you own or have owned in the last 10 years?

18. Who is (was) your veterinarian for the above animals?
   Name: ________________________________________________________________
   Address: __________________________________________________________________
   Phone: __________________________________________________________________

19. Who is the veterinarian that you plan to use for your new pet?
   Name: ________________________________________________________________
   Address: __________________________________________________________________
   Phone: __________________________________________________________________

20. Please provide a personal reference:
   Name: ________________________________________________________________
   Address: __________________________________________________________________
   Phone: __________________________________________________________________

21. Do you realize that a dog or cat may live 15 or more years? YES  NO
22. It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES  NO

23. When would you be ready to bring your new pet home if approved?
________________________________________________________________________

24. How do you plan to house train your dog?
________________________________________________________________________
________________________________________________________________________

25. What percentage of the day will the dog be alone? _________________

26. Would you ever consider euthanizing your pet if it needed surgery or had a serious medical condition_______________________________

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from The Vanderpump Dog Foundation. I authorize investigation of all statements on this application.

Driver License:_____________________

Signature:_________________________________________ Date:____________

completed applications may be emailed to: info@vanderpumpdogs.org or turned in at 8134 West Third Street, Los Angeles, CA 90048