Southern California German Shepherd Rescue

Dog Adoption Application

Return to SCGSR Adoption Counselor at adoption event or fax back to 619-501-9844

Pet You Are Applying For:	Adoption Counselor Name & Date:

Applicant/Co-Applicant Information

Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:
Address:		Apartment #:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email Address:		
Do you own? Rent?		
How long have you lived at this address?	Any plans to move in the near future?	
Landlord's/Condo board's name:	Landlord's/Condo board's phone:	
How were you referred to SCGRS?		

Family/Household Information

Number of adults in the household:	Relationships:
Have all the adults in the household agreed to this adoption? ☐ Yes ☐ No	
Number of children in the household:	Ages of children:
Have the children had pets before?	
Do you expect your current family situation to change?	
Is anyone in the household allergic to pets? ☐ Yes ☐ No	Who?

Why would you like to adopt an animal from us? (Check all that apply)

☐ Companion for self
☐ Companion for child
☐ Companion for another pet
☐ Companion for another household member
☐ Gift
☐ Watch dog

Employment Information

Employer:	Position held:	
Address:		
City:	State:	Zip Code:
How long have you been with this employer?		Work Phone:

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them

Name	Breed	Age	Gender	Spayed/Neutered	Where are they?
			☐ M ☐ F	☐ Y ☐ N	
			☐ M ☐ F	☐ Y ☐ N	
			☐ M ☐ F	☐ Y ☐ N	

Have you ever given an animal away or relinquished an animal to a shelter?
If yes, what were the circumstances?