Autumns 24k Goldens

15455 Hubbell Street
Detroit, Michigan, 48227
Phone: 313-549-7464

CANINE ADOPTION APPLICATION

PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS TIME, PATIENCE AND EXPENSE THIS PET WILL NEED. ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT. ADOPTION FEE PAYABLE TO Autumns Goldens IN THE FORM OF MONEY ORDER, CASH, OR CREDIT CARD. CHECKS ARE NOT ACCEPTED FOR ADOPTIONS.

Date: _____

APPLICANTS INFORMATION (please print clearly and answer all questions)

Applicants Full Name _____ Age _____

Co-Applicants Full Name _____ Relationship to Applicant _____

Street Address, City, State _____

Home Phone _____ Cell Phone _____ Email _____

CANINE INFORMATION

Name of dog you are applying for? _____ Breed _____

Why do you want to adopt a Dog?

☐ Family Pet ☐ Companion ☐ Protection ☐ Gift ☐ Other

If Gift, Protection or Other please explain.

_____

_____

What are you looking for in a dog?

_____

_____

Age: ☐ 8 - 12 Weeks ☐ 6 – 12 Months ☐ 1 – 6 Years ☐ 7 Years +

Sex: ☐ Male ☐ Female ☐ No Preference

Coat color: ☐ light ☐ Medium ☐ Dark ☐ No Preference Puppy Name Preference: _____

NOTE: Final Color Not Guaranteed Call Name: _____

Personality: ☐ Playful ☐ Calm ☐ Shy ☐ Affectionate ☐ Likes Dogs ☐ Likes Cats ☐ Likes Kids

Will The Puppy Be Socialized? ☐ Yes ☐ No If Yes How? _____

Where will the dog live / sleep? ☐ Indoors ☐ Outdoors ☐ Inside and Outside

Please explain further below

Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's living environment may cause the dog to have accidents?

☐ Yes ☐ No

If you are applying for a puppy or dog that is not housetrained, how will you housetrain?

If behavioral issues should arise, what actions will you take?

How will you exercise the new dog?

How many hours will the dog be left alone: Daytime? _____ Evening? _____

When no one is home or during traveling where will the dog stay?

If you must move, what will you do with your new dog?

Have you ever been cited for any dog related ordinances? ☐ Yes ☐ No

Does your town or city have any Breed Restrictions? ☐ Yes ☐ No

If yes, what are they? _____

Do you agree the dog will NOT be used for fighting, breeding, or illegal activities or be found at any time in a location where is presence is illegal?

☐ Yes ☐ No

Have all household members met and agreed on a new Dog? ☐ Yes ☐ No

What reasons do you feel are valid for giving up a pet? Check all that apply.

☐ Fleas ☐ Shedding ☐ Expenses ☐ Noisy ☐ Chewing/Clawing ☐ Destructive ☐ Bites

☐ New Baby ☐ Moving ☐ Marriage or Divorce ☐ Doesn't Listen ☐ Pets Medical Condition

☐ No Time ☐ Would not Consider ☐ Other (please explain)

PET AND VETERINARY HISTORY

Have you ever had to give up ownership of a pet? ☐ Yes ☐ No

If yes, please explain.

Do you currently have any pets? ☐ Yes ☐ No

If Yes, please complete the information below.

	Pet 1	Pet 2	Pet 3
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
Up to Date with Rabies			
Up to Date with other Vaccines			
Indoor or Outdoor			

Current Veterinarian's Name and Telephone number? _____

Name of person on file with the Vet? _____

Name of Veterinarian you will use for your new pet? _____

Contact info for Veterinarian you will use for your new pet? _____

HOUSEHOLD INFORMATION

Is your residence: ☐ House ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Duplex ☐ Other (explain)

If you live in a Condo or Rent – Does, the Association or Landlord have Breed or Size Restrictions?
☐ Yes ☐ No ☐ Not Sure

If yes, please explain.

Do you: ☐ Own ☐ Rent ☐ Live w/Parents ☐ Live w/Friends ☐ Other (explain)

If you live with Parents, Friends or Rent – Do you have permission to have a Dog? ☐ Yes ☐ No

If you, Rent, please provide Name & Telephone number of Landlord.
Landlord Name _____ Telephone _____

How long at current residence? _____

Is your Yard Fenced in? ☐ Yes ☐ No If Yes, type and height? _____

Any Holes or Gaps in the Fence? ☐ Yes ☐ No

Do you have Tie-Outs? ☐ Yes ☐ No Do you have Overhead Runs? ☐ Yes ☐ No

Number of Adults in household? _____ Number of Children in household? _____

Please list all members living in household

Name	Age	Name	Age

AGREEMENT AND SIGNATURE

By signing this application, I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, Autumns 24k Goldens reserves the right to annul the adoption and reclaim the animal without refund. While autumns Goldens makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to

Autumns 24k Goldens or our veterinarian. I hereby authorize the Autumns 24k Goldens to receive information from Veterinarians and others listed on this application. If for any reason you must give up your dog we will accept the dog back during its lifetime from time of adoption, we ask that you call us and wait at least 48 hours before returning the animal so preparations can be made. Returns are at expense of the adoptive party and no refund for returned dogs, if you return the dog you agree to Transfer Ownership Rights and Registration back to Autumns 24k Goldens and give Autumns 24k Goldens and or its representative Authority to transfer the registration. If your canine is having trouble adapting to your home, please call us with any questions.

Signature: _____ Date: _____

All Adopted Canines MUST leave Autumns Goldens on a Leash

Autumns Goldens USE ONLY

Date Application Received: _____ ID of Canine: _____

Received By: _____

Date Adopted: _____

Medical Records Given: _____

Microchip: _____

Approved By: _____

Denied By: _____

Reason For Denial: _____

(Explain further in comments section.)

Receipt # and Amount: _____

Medical Records need to be mailed: _____

Adoption Agreement Signed: _____

Assessor/Landlord Verified? _____

Other Comments/Concerns

Email: kentuckykernel@outlook.com
Can Be uploaded on Contact us Page
Autumn 24kgoldens.com
Phone: 313-549-7464
Security Document Number 11232732 (For Official Use Only)