



Wagging Tales Rescue

Adoption Application

Name _____

Email (by providing this email you agree that we can contact you by email)

Address _____

City _____ State _____ Zipcode _____

County _____

Phone Number (by providing this phone number you are agreeing that we can contact you at this number) _____

Occupation _____

Please check the following that apply to you:

- Own Home
- Rent Home
- Live in a House
- Live in an Apartment/Condo

Primary Veterinarian _____

Primary Veterinarian Phone Number _____

Please describe if you have an pets already:

Is this you first dog (yes/no)_____

Please describe your household (kids, lifestyle, family ect.):

Is there a particular dog you are interested in? _____

Please check the following that you agree:

You have completed this application truthfully and to the best of my knowledge.

I agree

Any false information on this application will result in cancellation of this adoption.

I agree

You must be at least 21 years of age (or at least 18 years of age, employed, and living independently).

I agree

Signature _____ Date _____