

Pug Rescue Adoption Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Evenings: _____ Work: _____

E-Mail: _____ Referred By: _____

Do you own or rent? _____

Does your landlord allow pets? (Please include a copy of lease or landlords phone # if applicable)

Number of years at current address: _____ Do you have a fenced yard? _____

Do you have a swimming pool? _____

Are you planning to move within the next six months? _____

How many people will live with the pug? _____ Adults _____ Children: _____

Names and Ages _____

Does everyone agree on owning a Pug? _____ Does anyone object to snores? _____

Does anyone object to dog hair? _____ Would you object to a home visit? _____

List all other animals in the home: _____

List all the animals you have had in the last five years and what happened to them:

What if the pug does not get along with present animals? _____

Name of Your Veterinarian: _____

Address: _____ Phone: _____

Pug Rescue Adoption Application

Will you keep the Pug in conditioned air indoors? _____

Will you use heartworm preventative? _____

How long will you allow for an adjustment period? _____

How will you correct the Pug? _____

How will you confine the Pug? _____

How much time per day will the Pug be alone? _____

Will you leash train the Pug? _____

What will you do if the Pug is lost? _____

Do you realize that Pugs overheat easily? _____

Is your home safe from poisons or other dangers a curious Pug can get into? _____

How will you react if your Pug chews a personal item? _____

What eye care will your Pug have? _____

How much per year are you prepared to spend on your Pug's health care? _____

Do you realize that a Pug, like a child, is a lifelong commitment and not a passing whim?

Why do you want a Pug? _____

LIST THREE PERSONAL REFERENCES AND TELEPHONE NUMBERS (*NON-RELATED PREFERRED*). All will be contacted.

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

3. Name: _____ Telephone: _____

Pug Rescue Adoption Application

Name: _____ Date: _____
Signature

Further comments you would like to make: _____

