

Academy of Canine Behavior

P.O. Box 1409 Bothell, WA 98041
4705-240th St. SE Bothell, WA 98021



PERSONAL INFORMATION

YOUR NAME: _____ PHONE: _____

EMAIL: _____

SPOUSE/OTHER: _____ PHONE: _____

EMAIL: _____

PHYSICAL ADDRESS: _____

Your Employer/Position: _____

If you are not the primary
income earner in your
household, who is?

NAME: _____

Employer/Position: _____

HOME INFORMATION

Other people, including children, in your household:

NAME	AGE	RELATIONSHIP TO YOU

A home check is required for the adoption of our dogs, are you aware of this and can make your home available during business hours? _____

What type of residence do you live in? House Apartment Other

If Other, please describe: _____

Do you own or rent? _____ If rent, do you have permission for a dog? _____

Contact information for Landlord: _____

Please list any breed and/or size restrictions: _____

If you have a yard, please describe it: _____

How many consecutive hours will the dog be left alone? _____

How will the dog be contained during this time? _____

NEEDS/WANTS IN A DOG

If you are applying for a specific dog, list dog's name here: _____

Would you be willing to consider a different dog if this one is unavailable? _____

What breed(s) or personalities do you prefer? _____

Indicate the physical characteristics of your ideal dog: (Mark as many options as you like)

Puppy (Less than 1 year) Young Adult (1-4 yrs) Adult (4-8 yrs) Senior (8 yrs plus)

Male Female

Toy (Under 10#) Small (10-20#) Medium (20-45#) Large (45-80#) Giant (Over 80#)

Short Coat Medium Coat Long Coat Wire Coat Non-Shedding

Other: _____

Some dogs may have physical issues, indicate which you are okay:

Blind Deaf Diet Restrictions Seizures On Meds

Comments: _____

Indicate what you are looking to do with your ideal dog: (Mark as many options as you like)

Companionship Friend for Other Dog Playmate for Children

Protection Therapy Service Dog Other

If Other, please describe: _____

Indicate the behavioral characteristics of your ideal dog: (Mark as many options as you like)

Couch Potato Walking Partner Jogging Partner Marathon Runner

Easy to Train Dog Park Playful

Introvert Extrovert

Most of our dogs have behavior issues, indicate any quirks you are comfortable with:

Aggression to Strangers Aggression to Dogs Aggression to Cats

Fearful of Strangers Fearful of other Dogs On Leash Reactive

PET OWNING EXPERIENCE

List current pets in your household:

NAME	BREED(s)	AGE	GENDER	STERILIZED?

Please list any small animals, livestock, or horses on your property:

Please list any applicable dog experience you have:

REFERENCES

Please list contact information for your Veterinarian:

Practice Name: _____ Phone #: _____

Please provide three personal references who we may contact about your suitability as a pet owner. At least two must be unrelated to you:

NAME	PHONE	RELATIONSHIP TO YOU

