



Sun City K9 Adoptions. Inc.
26510 Murrieta Rd.
Sun City, CA 92586
(951) 679-6444

APPLICATION FOR CANINE ADOPTION

Date: _____ Name of Dog (if known): _____

Type/size of dog desired: _____ Approx weight: _____

Age of dog desired: _____ Oldest age considered: _____ Must be housebroken? _____

Name: _____ Drivers License #: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Type of Residence: House Apt Condo Mobile Home Farm

If rental, are dogs allowed? _____ Initial to give permission to call your landlord to confirm: _____

Manager/Landlord Name: _____ Telephone: _____

Type of Street: Busy Road Light Traffic Residential Country

Where will dog live: Inside Only Mostly Inside Mostly Outside Outside Only

Where will dog spend the night: Inside Own bed Crated - For how long? _____

Outside shelter: _____ Fenced yard Fence height: _____

Size/type of dog run/fenced area: _____ Will dog be leash walked? _____

Will dog be allowed to run loose off leash? _____ If yes where: _____

How many hours a day will dog be alone? _____ Where will dog stay when alone? _____

Applicant age: Over 18 Under 18 (A parent or guardian's permission will be required)

Number of people in household: _____ List ages of children under age of 18: _____

Have you had pets before? _____ If yes, what happened to these pets: _____

List all pets currently in home (type, breed, sex, age): _____

Are all pets spayed/neutered? _____ If no, why not: _____

Name of current or past vet/clinic: _____ Telephone: _____

Are you aware that a dog is a lifelong commitment? _____ Will the dog be part of your family? _____

Applicant's signature: _____