



Pilot Dogs, Inc.

ADOPTION APPLICATION FOR CAREER CHANGED DOGS

Name(s): _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Email: _____

Your Birthdate(s): _____

Have you ever had a dog before? What happened to them? _____

Do you have children living in your home or visiting (how often)? _____

Ages of children: _____

Do you: Rent an apartment Rent a house Own a house
 Own a condo Live in a mobile home Live with parents

Do you have a completely fenced yard? _____

Are there other pets in the house? _____ How many? _____ What kind? _____

Mark the breeds you wish to adopt (feel free to rank preference): Labrador Retriever Golden Retriever

German Shepherd Doberman Pinscher Boxer Vizsla Standard Poodle

Are you open to adopting a retired Pilot Dog? _____

How many hours will your dog be left alone during the day? _____

How will this dog be exercised? _____

Describe your household activity level and lifestyle and how the dog will fit into it. _____

Do you understand the following:

This pet will require time to adjust to your home? Yes No

That it may not be housebroken? Yes No

That it may chew, eat plants, scratch furniture? Yes No

That it has only limited training? Yes No

When contacted about a dog, you have 24 hours to notify us as to whether or not you are interested in adopting them and set up a time within the week to do so? Yes No

We only do adoptions Monday thru Friday 9 am to 4 pm? Yes No

TERMS AND CONDITIONS

I agree to properly house, feed and otherwise care for this pet. I will exercise control and restraint with respect to this pet at all times. I will not allow it to run free and will insure that it does not become a nuisance or a menace to other persons or their property.

I will take this animal to a veterinarian of my choice within 14 days and receive the rabies inoculations and license in my name.

I agree that this pet shall not be used for medical or other experimental purposes, for dog fighting, shall not be bred, abused, neglected or abandoned. This pet shall have the benefit of a regular program of immunization and veterinary care.

Furthermore, I understand that Pilot Dogs, Inc. experience with this dog is limited; as training was terminated when a decision was made not to continue him or her as a dog guide. Pilot Dogs, Inc. will furnish the reasons why the dog was dropped from Pilot Dogs, Inc.; however, there is very limited background that the organization can share with you on the dog's previous history.

I also understand that Pilot Dogs, Inc. will furnish all shot records that have been done to the dog while under the organization's care and the dog's date of birth. I also understand that effective on the date I take delivery of the dog, ownership of the dog is transferred to me and I assume all liability and responsibility for the dog.

Signature: _____ Date: _____

Return to info@pilotdogs.org Fax: 614.221.1577 or 625 W. Town Street, Columbus, Ohio 43215