



# Pilot Dogs, Inc.

## ADOPTION APPLICATION FOR CAREER CHANGED DOGS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a dog before? \_\_\_\_\_

Do you have children living in your home or visiting? \_\_\_\_\_

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? \_\_\_\_\_

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

### 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](mailto:info@pilotdogs.org) Fax: 614.221.1577 or 625 W. Town Street, Columbus, Ohio 43215