

DIXIE OLD ENGLISH SHEEPDOG RESCUE INC
ADOPTION APPLICATION FORM

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE / ZIP: _____

TELEPHONE: _____ WORK OR CELL: _____

E-MAIL ADDRESS: _____

Your Age: _____ Occupation(s): _____

(circle answer when given options)

Are you Married: **Y / N** How many children: _____ Ages: _____

(if no children) Are you planning a family: **Y / N** Are You Expecting: **Y / N**

Do you own Dog?: **Y / N** Describe Breed: _____ Sex: **M / F**

Do you own other pets?: Describe: _____

Do you have a Vet: **Y / N** Vet's Name: _____

Vet's Address: _____

Vet's Telephone: _____

I / We Live in A: **House | Apartment | other:** _____ I / We: **Rent / Own**

I / We Have A: **Fenced Yard | Open Yard | No Yard | other:** _____

Have You Ever Owned A Old English Sheepdog: **Y / N**

Information On The Old English Sheepdog You Want To Adopt.

Gender: M / F | *Doesn't matter* **Age:** Puppy | Adolescent | Adult Dog | *Doesn't matter*

Who Will Bathe And Groom The Old English Sheepdog: _____

Where Will The Old English Sheepdog Stay When Alone: Inside | Outside explain: _____

Where Will The Old English Sheepdog Sleep: Describe: **Describe:** _____

Would You Consider Adopting More Than One Old English Sheepdog: **Y / N / Maybe**

Please Use The Space Below And Back For Any Comments, Expectations Or Concerns:

Applicant Signature: _____ Date: _____