

GOODWILL SERVICE DOG TRAINING PROGRAM

408 Ninth Street, SW
Canton, Ohio 44707-4799

Phone (330) 454-9461
Fax (330) 454-9465

PET HOME APPLICATION

Name of Applicant _____ Age _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Others living with this dog _____

Why do you want to adopt? _____

Is it for an adult? Child? Elderly Person? Physically Challenged?

Do you have children? Ages and Sex _____

Do you live in a house? Apartment? Other _____

Do you have a fenced in yard? _____ Size of yard _____

Type of fence _____ Height _____

Do you use a lawn service? _____

Where will the dog be kept during the day? _____ At night? _____

Is anyone home during the day? _____ At night? _____

Who will be responsible for the care of this dog? _____

Is this your first dog? _____

Do you have other pets? _____ Spayed or neutered? _____

Have you ever bred a dog? _____ Do you plan to? _____

Have you ever sold, given away, or put a pet in a shelter? _____

Will your dog have the run of the house, be blocked off from parts of the house, use a crate, be tied outside, or live in the yard? _____

Will the dog be walked? _____ Exercised in fenced yard? _____

Allowed to run free? _____ Do you plan to take an obedience class? _____

Have you investigated the cost of maintaining a dog? _____

Name and phone of veterinarian who has treated your animals: _____

If you have had a pet die of age, accident, or illness, please explain: _____

If you have any special requests or requirements for a dog, please let us know so that we may carefully match up a dog to your lifestyle and needs. _____

Do you prefer a certain breed (golden or Labrador retriever)? _____

Do you prefer a certain gender (male or female)? _____

