

Adoption Application Guidelines Before submitting an adoption application, please ensure you are fully committed to the process. If your application is approved, we will place a puppy on hold for you. If you are uncertain about adopting a specific puppy, kindly leave the "Name" field blank. Adoption is a long-term commitment lasting up to 20 years, so we encourage thoughtful, non-impulsive consideration.

Thank you for your understanding and dedication to providing a loving home.

Sincerely,
KBS Danes

Adoption Service Agreement

KBS DANES I Inc. is a non-profit organization dedicated to rescuing dogs from high-kill shelters and matches them with permanent homes.

- **Adoption Fee:** \$500 This includes spay/neuter
- **Exchange Policy:** Exchanges are possible within 10 days; however, **no refunds are offered.**
- **Health Note:** Dogs may have pre-existing health issues (e.g., respiratory problems, internal parasites). A veterinary visit is required within 14 days of adoption.

By submitting your application, you agree to a legally binding agreement and acknowledge the long-term responsibilities of pet ownership.

Personal Information, please write legibly.

- Name: _____
- Address: _____
- City, State, Zip: _____
- Email: _____
- Phone: _____

Family and Home Environment

1. Does your spouse/partner agree with adopting a new dog? Yes, No N/A
2. Dog of Interest (Name): _____
3. Ages of children in the home? _____
4. Are there household members with pet allergies? Yes, No Unknown
5. Number of residents in the home: _____
6. Residence Type: Single-Family Home Apartment Condo Townhouse Other
do you Rent or Own
 - If renting, Landlord Contact Info: _____
7. Time at Current Address: _____

8. Are you planning to move soon? Yes No

Pet Preferences and Considerations

1. Preferred size, breed, or gender: Small Medium Large Any
Additional details: _____
2. Have you ever been denied an adoption application? Yes No
3. Who will be the primary caregiver? _____
4. How long will the dog be home alone during the day? _____
5. Are you aware that raising a puppy involves time-intensive potty training and cleaning?
Yes No
6. Are you aware that puppies may cry during the night? Consideration is required if you have close neighbors. Yes No
7. Where will the dog spend most of the day? Location: Crate Garage Roaming Other:

8. Where will the dog be kept when you are not home? Crate Outside Roaming Other:

9. Where will the dog sleep at night? Crate Outside Other:

10. Have you ever owned a puppy? Yes No
11. Do you know that caring for a puppy differs from caring for an adult dog?
Yes No
12. Do you plan on crate training? Yes No
13. Will you leave your new puppy unsupervised with resident pets? Yes No
14. How will you handle aggression from your resident pet toward the puppy?

15. How long will you allow your new puppy to adjust to its new environment?

16. Do you agree to spay/neuter by 6 months of age? Yes No
17. If you are adopting an unaltered puppy, you must have the puppy spayed or neutered by six (6) months of age. This procedure must be conducted through our designated veterinarian at no cost. If you choose to have the procedure performed by a different veterinarian, it will not be covered by us, and all associated costs will be your responsibility.
18. Do you plan to breed this animal? Yes No
19. Will you allow a KBS DANES representative to conduct a home visit? Yes, No Unsure

Training and Behavior

1. Are you open to bringing your dog to training classes? Yes No
2. Specify behavior or issues that you feel you are unable to handle _____

3. Do you understand that your new dog may not be fully housebroken and could have accidents? Yes No

- Will you request to return your new puppy due to accidents or destructive behavior in the house? Yes No

Other Pets in Household

Breed	Age	Gender	Spayed/Neutered
			Yes No
			Yes No
			Yes No
			Yes No

Future Commitments

- What is your plan for the dog if you are unable to care for it (e.g., due to illness, or moving)?
- Do you understand the commitment to care for your dog, including nutrition and medical needs, for 12–17 years?
Yes No
- Are you aware that the dog may require additional deworming?
Yes No
- Do you accept financial responsibility for the dog’s care?
Yes No

Veterinary Information

- Vet Name: _____
- Vet Address: _____
- Vet Phone Number: _____ (Note: Please contact your vet and authorize them to release information to KBS DANES.)

Certification and Acknowledgment

I certify that all information provided is complete and accurate. I acknowledge that shelter dogs often have medical or behavioral issues that require care. I agree to a veterinarian wellness visit within 14 days of adoption.

- Name (Printed): _____
- Signature: _____
- Date: _____

Email Completed Form To:
kbsdanes@gmail.com