



The Canine Compassion Fund, Inc.
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(photo here)

Canine Adoption Application

Date: _____

Canine's Name: _____ Gender: _____ Breed: _____ Age: _____

Adopter(s) Name(s): _____

Home Address: _____

Do you own or rent your home? _____ Own _____ Rent If you rent, landlord's phone #: _____

Phone #: _____ Email: _____

Employer: _____ Work Phone #: _____

Veterinarian Name: _____ Phone #: _____

Do you have a fenced yard? _____ Yes _____ No (Note: Lack of a fenced yard does not necessarily preclude adoption). Do you have or do you plan to use underground/invisible fencing? _____ Yes _____ No

Do you plan to keep this canine as an "inside dog?" _____ Yes _____ No

Do you plan to "kennel train"? _____ Yes _____ No

If you do plan to "kennel train," what is the maximum number of hours on any given day that the canine will be kenneled? _____

Ages of any children in the home _____

Do you have any other pets? If so, please list species, sex, age, and whether spayed/neutered.
