

Twisted Whiskers
145 Satellite Blvd NE Suite H
Suwanee GA 30024

Phone 678-714-5477
Fax 1-844-204-2893
Email Info@twpethotel.com

Dog Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

**Are you or a family member in need of an emotional support pet ? Yes No
If yes please provide some information for the person that needs this pet?**

Has a doctor provided you with written documentation for the need of an emotional Support pet? Yes No If yes please provide a copy with your application

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing Twisted Whiskers to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

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Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

Have you ever owned a service pet or Emotional support pet? ___Yes ___No

If Yes do you still own the pet?

Veterinarian

Do you have a regular veterinarian? ___ Yes ___ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing Twissted Whiskers with this information you are allowing Twissted Whiskers to call your vet. Please call your vet and ask them to authorize the release of information to Twissted Whiskers.)

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About the Dog You Wish to Adopt

What is your idea of an ideal dog and why?

Desired age: _____ Desired Size: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog
 dog that needs regular medication dog that needs training
 dog that needs grooming None of these

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact Twisted Whiskers if you can no longer keep this dog? Yes No

Are you be willing to let a representative of Twisted Whiskers visit your home by appointment?
 Yes No

How did you hear about Twisted Whiskers?

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Personal References

Please list someone who is familiar with both you and your pets.

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)