

Northwoods Animal Learning & Wellness Center, LLC  
2775- 8th Ave.  
Chetek, WI 54728  
(715) 642-2421

Adoption Application

Date: \_\_\_\_\_

Dogs Name \_\_\_\_\_ (if known, can pre-apply)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

How long at this address? \_\_\_\_\_

Do you \_\_\_\_\_ Own \_\_\_\_\_ Rent

If you rent, what is landlord's name and phone number?

\_\_\_\_\_

Employer Name: \_\_\_\_\_ How long with this company? \_\_\_\_\_

How many adults in the household? \_\_\_\_\_

How many children are in the household? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Who intends to be the primary caregiver for this dog? \_\_\_\_\_

Is everyone in the household agreeable to accepting this dog as part of the household? Y N

What type of dog are you looking for? \_\_\_\_\_ Companion \_\_\_\_\_ Working/sport  
\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Exercise requirements vary according to the individual dog. We do our best to ensure that the dog you chose is compatible with your lifestyle. How would you rate your activity level?

\_\_\_\_\_ High \_\_\_\_\_ Moderate \_\_\_\_\_ Low

What type of activities do you intend to do with this dog?

\_\_\_\_\_  
\_\_\_\_\_

Have you previously owned a dog? Y N

If no, what have you done to prepare yourself for dog ownership?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently own any other animals? Y N If yes, please list each animal and age below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of the costs of keeping a dog? Y N

Please list the amount per year you expect to spend on routine expenses \_\_\_\_\_

Are you prepared and willing to provide medical care including routine health checks? Y N  
Veterinarian's Name \_\_\_\_\_

Are you willing to seek out professional help for training issues if needed? Y N  
How many hours a day will the dog be left alone? \_\_\_\_\_  
Where will the dog be kept if you are away from home? \_\_\_\_\_

**N.A.L.W.C., LLC DISCLOSURE:**

If application being completed as a request for a particular dog, provide documented history and current observations, both physical and behavioral.

Vaccination Hx: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Current Health: \_\_\_\_\_

Known Health Problems: \_\_\_\_\_

Seen by a veterinarian while under our care? Y N

If yes, veterinarian contact information:

\_\_\_\_\_  
\_\_\_\_\_

Dog known to get along with children? Y N U/K What ages? \_\_\_\_\_

Dog known to get along with other dogs? Y N

Cats? Y N U/K

Other animals? Y N U/K Please List: \_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that I am aware of county and state laws regarding dog ownership and responsibilities. All the information I have provided is true to the best of my knowledge. I understand that N.A.L.W.C., LLC has the right to deny any application to adopt a dog.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

N.A.L.W.C., LLC representative: \_\_\_\_\_ (print)

Application Approved: Y N Contact with Landlord? Y N

If denied, list the reason(s):

\_\_\_\_\_  
\_\_\_\_\_