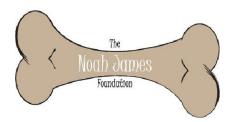


Dog Name: _	
Intake ID #:	
Microchip number (if applicable):_	

Adoption Application

Address: City:		Zip:
Home Phone:	Email:	
Driver's License Number:		State:
Age:		
Employer:		_ Title/Position:
Phone Number:	How long have y	ou worked here?
Have you ever been arrested	? □ No □ Yes Ex	plain:
In the past ten years have you	u received a police citation	n, other than a traffic violation?
•		
□ No □ Yes Explain:		a background check? □ Yes □ N
□ No □ Yes Explain:		
□ No □ Yes Explain: If required, would you be willing Please list all the full name of	ng to allow us to perform a	a background check? □ Yes □ N r home:
□ No □ Yes Explain: If required, would you be willin	ng to allow us to perform a any persons living in you Age:	a background check? □ Yes □ N r home: Female or Male?
□ No □ Yes Explain: If required, would you be willing Please list all the full name of	ng to allow us to perform a any persons living in you Age: Age:	a background check? □ Yes □ N r home: Female or Male? Female or Male?
□ No □ Yes Explain: If required, would you be willin	ng to allow us to perform a any persons living in you Age: Age: Age:	a background check? □ Yes □ N r home: Female or Male? Female or Male? Female or Male?
□ No □ Yes Explain: If required, would you be willing Please list all the full name of	ng to allow us to perform a any persons living in you Age: Age: Age: Age:	a background check? □ Yes □ N r home: Female or Male? Female or Male? Female or Male? Female or Male?
□ No □ Yes Explain: If required, would you be willin Please list all the full name of	ng to allow us to perform a any persons living in you Age: Age: Age: Age: Age: Age:	a background check? □ Yes □ N r home: Female or Male?
□ No □ Yes Explain: If required, would you be willing Please list all the full name of	any persons living in you Age: Age: Age: Age: Age: Age: Age: Age:	r home: Female or Male?
□ No □ Yes Explain: If required, would you be willing Please list all the full name of	any persons living in you Age: Age: Age: Age: Age: Age: Age: Age:	r home: Female or Male?
□ No □ Yes Explain: If required, would you be willing Please list all the full name of	any persons living in you Age: Age: Age: Age: Age: Age: Age: Age:	r home: Female or Male?
□ No □ Yes Explain: If required, would you be willing Please list all the full name of	any persons living in you Age: Age: Age: Age: Age: Age: Age: Age:	r home: Female or Male?
□ No □ Yes Explain:	any persons living in you Age: Age: Age: Age: Age: Age: Age: Age:	r home: Female or Male? Female or Male?
□ No □ Yes Explain:	any persons living in you Age: Age: Age: Age: Age: Age: Age: Age:	r home: Female or Male?



Dog Name:	
Intake ID #:_	
Microchip number (if applicable):	

Have you ever given up an animal? □ Yes □ No Have you ever been issued a citation for your pet or had to reclaim your pet from the animal control/shelter? □ No □ Yes Explain:
Are there children in your home? □ Yes □ No
How will you confine your dog to your property? □ Fully fenced □ Tie-out □ Other (Please describe):
What is the type of fence? Lowest Point Fence height? Highest point Lowest Point
Have you recently inspected your fences? □ Yes □ No
ls the fence in good condition with no holes or loose points? □ Yes □ No
If your dog will have free access to a fenced yard, where is it located? □ front yard □ back yard □ side yard □ other:
Which of the following is used to secure your gate? □ latch □ padlock □ keyed lock □ other:
We do not lock our gate for the following reason:
If your gate does not have a lock, are you willing to install one? □ Yes □ No
Who has access to your yard? (check all that apply) Gardner Housekeeper Pool man Delivery Utility Neighbor Postal worker Other: fyes, where is the dog kept while they are working?
Do you trust your workers not to let the dog get out? □ Yes □ No



The Noah James Foundation	Dog Name: Intake ID #: Microchip number (if applicable):
When you are NOT HOME, where will □ Indoors with access to go outside	I your pet stay?
□ Indoors with free roam of house □ Indoors in a crate □ Outside with access to indoor area/s	shelter
□ Strictly Outdoors □ Other (Please describe):	
Where will the pet stay during the day	?
Where will the pet stay during the nigh	nt?
Will the pet be put in a crate?	□ Yes □ No
will be crated. If you answered NO to	pet, please give a description on how and when the dog crating your pet, where do you plan to keep your pet while potty training?

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□ Yes

□ No

□ No

□ Low

Does your home have a pet/dog door? □ Yes □ No

How many hours per day will the pet be left alone?

□ Yes

What energy level are you looking for in a pet?

— High
— Medium

Have you ever taken a dog through obedience class?

Do you plan to take this one?



The Moah James Foundation	Dog Name: Intake ID #: Microchip number (if applicable):
	bing with your dog
	ms, what will you do?
· ·	ht you allow your dog off leash? □ public park □ neighborhood walk □ back yard
How would you describe your dog own I have had dogs of my own as an ad I grew up with dogs or have worked I have never had one or have limited Other:	ult with them but have not had my own as an adult experience with dogs
	before? Yes No ed?
□ Yes □ No	ssues that may be present in this breed? should it arise? Please be specific:
Why do you want to adopt a rescued p	oit bull/bully breed (If applicable)?



Dog Name:
Intake ID #:
Microchip number (if applicable):

The Noah James Foundation contact@thenoahjamesfoundation.com 303-635-6550



	The			Dog	Name:	
	addition Addition	'		Intak	e ID #:	
	\		Microchip nu	ımber (if app	licable):	
Vhat food will	you feed the	e dog? (Spec	ify brand if know	wn)		
			_ Other			_
oula you like	тооа recom	mendations?	' □ Yes, please	e □ No		
ets are an inv	estment of	your time and	d money. Can y	ou afford to p	orovide medical	care,
_			cise for your ne	_	es	□ No
her concerns	s:					
e you able to	o make a lor	ng-term comn	nitment to care	for your pet 1	or its entire life	span, whice
ould be as lor	ng as 15 yea	ars or more?	□ Yes	□ No		•
her concerns	s:					
hat is vour m	nonthly budg	get for your do	oa?			
		, o	9			
ease list all t	he pets you	ve had in the	e past five years	3 :		
Breed	Age	Sex	Spayed or	# Years	Still Live	If not,
	3 -		neutered?	Owned?	With You?	why?
!! ! 0	£					
ease list 2 re	rerences:					
ame:				_ Phone num	ber:	
elationship:			Years K			



The	Dog Name:
Noah James Foundation	Intake ID #:
	Microchip number (if applicable):
Name:	Phone number:
Relationship:	
:	
Please read and initial each sta	tement below: e visit is required prior to final placement.
	e visit is required prior to final placement. e visit does not guarantee placement.
	n collar, leash and a personal ID tag at the time of completing
the adoption contract.	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
I have completed th	is application truthfully and fully understand the adoption
process.	
I can give a gift of \$	to help offset the costs incurred preparing this dog for
	onation does not disqualify an applicant from consideration.) I
	r contribution is a gift freely given, not a purchase price for a dog adoption to any applicant for any reason. This questionnaire
becomes part of our contract.	
Please read and sign	
Many factors determine which a	applicant will be matched with a particular pet. If you are not able
•	t mean that you are not considered a good pet owner or that you
·	al is to place all animals into homes that will best suit their
individual needs. Please ask fo	r clarification if you have any questions.
Signature:	Date:
Office Use only	
Date: N	lame of Dog:
Sex: Spayed/Neutered	Breed: Color:



Dog Name: _	
Intake ID #:	
crochip number (if applicable):	

Additional Applicants

Adopter Full/Legal Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Email	:	
Driver's License Number:		State:	
Age:			
Employer:		Title/Position:	
Phone Number:	How long ha	ive you worked here?	
Have you ever been arrested?	□ No □ Yes	Explain:	
In the past ten years have you □ No □ Yes Explain:	•		riolation?
If required, would you be willing			□ Yes □ No
Have you ever given up an ani Have you ever been issued a c control/shelter? □ Yes	citation for your pet o		rom the animal
Please read and initial each sta	atement below:		
I agree to share respons			
Please read and sign Many factors determine which to adopt a pet today, it does no home is not acceptable. Our go individual needs. Please ask fo	ot mean that you are cal is to place all anii	not considered a good per mals into homes that will b	t owner or that you
Signature:		Date:	