

SENIOR DOG RESCUE
OF OREGON



Dog's Name

P.O. Box 1051, Philomath, OR 97370
Phone: 541-224-2488
SDROregon@gmail.com
www.SDROregon.com

Adoption Application

Name _____ Date _____

Address, City, State & Zip _____

Phone: Home _____ Office _____ Cell _____

Email address _____

Fenced yard for dog? YES NO Dog will be... indoors outdoors combination

Is a human or another dog home during the day? _____

If No, how long will dog be alone? _____

Where will the dog stay when the humans are gone? _____

Number of adults in home _____ Number/ages of children in home _____

Other pets? Please list by type/age/sex _____

Past or Current veterinarian _____

May we contact your veterinarian? YES NO

How much money do you think it costs to own a dog per year? _____

Willing to have a home visit? YES NO Willing to pay an adoption fee? YES NO

Willing to help w/ expenses (primarily transportation if needed) _____

What type of dog are you looking for? Please be specific as to age, size, breed, sex, etc.

The more details, the better _____

What do you want the dog for (i.e. companionship, agility, etc.) _____

Would you be willing to adopt a special needs dog (i.e. diabetic, blind, deaf, etc.) _____

Signature