

Mailing Address:  
P.O. Box 904  
Divide, CO 80814

## DOG ADOPTION FORM

Phone: 719-686-7707  
Fax: 719-686-7428

Physical Address:  
308 Weaverville Rd.  
Divide, CO 80814



office@tcrascolorado.com  
www.tcrascolorado.org

### DOG: Helpful Information

All dogs are spayed or neutered, receive all vaccinations including rabies, and are micro-chipped before leaving the shelter.

Adopter Name: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

Address: (physical) \_\_\_\_\_ CITY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

Address: (mailing) \_\_\_\_\_ CITY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? Friend/ Internet/ Newspaper/ Other (specify) \_\_\_\_\_

Do you agree to "opt in" to TCRAS sharing your email with our adoption partners and their subsidiaries (meaning you will be provided with a gift of insurance for your adopted pet).

YES I agree to opt in \_\_\_\_\_ (please initial)

NO I do not agree to opt in \_\_\_\_\_ (please initial)

Are you at least 18 years old? Yes or No

How did you hear about us? Friend Internet Newspaper Other (specify) \_\_\_\_\_

Do you live in a (circle one): Apt Condo Mobile home RV Home

Do you own, rent or rent-to-own?

Do you have the consent of all adults in the household? Yes or No

How will the pet be contained on your property? \_\_\_\_\_

Do you have a fenced yard? Yes or No Approximately what size is the yard? \_\_\_\_\_

How tall is the fence? \_\_\_\_\_ What kind of material is the fence made out of? \_\_\_\_\_

Where will the pet be kept when you leave home and/or at night? \_\_\_\_\_

What type of outdoor activities does your family take part in? \_\_\_\_\_

How many hours a day will the dog be left alone? \_\_\_\_\_



Would you consider crating your dog when it is left alone? Yes or No

Why do you want to adopt this pet? Companion Guard Exercise Other \_\_\_\_\_

Where will the dog sleep/live? House pet inside with family In basement Live outdoors

Live in barn With me at all times Wherever it wants to be Kept at place of business

## Family Members

List all children in the house under 18yrs (This includes children that may be frequent visitors)

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List all your pets you currently have (breed, gender, age) \_\_\_\_\_

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Do all your pets have their current vaccinations? Yes or No

Are your current pets altered (spayed/neutered)? Yes or No

Name and # of your current Vet? \_\_\_\_\_

Are you willing to work with your new dog on housebreaking and any other behavioral issues if needed? Yes or No (We are happy to refer you to local dog trainers.)

Do you understand that it may take several weeks for your new pet to adjust to a new home? Yes or No

*FOR APPLICANTS LOOKING AT PIT BULLS:*

*Have you ever owned a Pit Bull? Yes No*

*I recognize there are many municipalities that outlaw pit bulls and allow law enforcement to confiscate a pit bull and have it euthanized immediately regardless of its temperament. I am now aware of this discrimination and will act accordingly to avoid the needless destruction of my animal.*

*Signature* \_\_\_\_\_

By signing below, I authorize investigation of all statements in this application and understand that the adoption may be delayed until this application is verified. THE TELLER COUNTY REGIONAL ANIMAL SHELTER has the right to deny any adoption to whom, in its opinion, will not provide a suitable home for a particular animal. Any falsification of information provided can result in denial or revocation of the adoption.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_