



**DoggoneExpress, Inc.**  
*Saving paws and saving souls.®*

**The Big House to Your House**  
 Prison Dog Program Adoption Application Form

504.239.0398 • lwilliambarse@aol.com • doggoneexpress.com



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**Why do you want to adopt this dog? (check all that apply)**

- Companion     Guard dog     Gift     For children     Family companion

**Please list ALL of the pets you have had in the past 5 years and those you currently own:**

Type / Breed	Sex	Age	Spayed/Neutered	Licensed	Where is the pet now? (If died, please list age and cause.)
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

How many adults are in your household? \_\_\_\_\_ Ages: \_\_\_\_\_

How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

Has every member of your family agreed to adopting this dog?  Y  N

Does any member of your family have allergies or asthma?  Y  N

If yes, please describe: \_\_\_\_\_

Is someone home during the day?  Y  N How many hours will this dog be alone each day? \_\_\_\_\_

Where will this dog be kept when it is alone? \_\_\_\_\_

Where will this dog be kept when you are home? \_\_\_\_\_

Where will this dog sleep at night? \_\_\_\_\_

Who will care for this dog when you are on vacation or out-of-town? \_\_\_\_\_



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Do you live in a:  House  Town home/Condo  Apartment  Duplex  Mobile Home

Do you:  Own  Rent  Other      Landlord Name/Number: \_\_\_\_\_

If you rent, does your Landlord allow tenants to own dogs of all sizes?  Yes  No

Do you have a fenced:  Yard  Patio  No fencing in place

If you do have fencing, what type is it? \_\_\_\_\_ What is the fence height at the lowest point? \_\_\_\_\_

Do you have a pool?  Y  N                      If Yes, is the pool gated?  Y  N

If you move (locally, out of state, or out of the country) what will you do with this dog? \_\_\_\_\_

Are you prepared to make a commitment of 6 to 10+ years to this dog?  Y  N

Do the costs of vaccinations, medical care, licensing, grooming, boarding, supplies, and/or general upkeep of your dog present any financial problems for you? (The annual cost for providing responsible care to a healthy dog is approximately \$500)  Y  N

Which reasons are acceptable for giving up your dog? (Check all that apply.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fence Jumping               | <input type="checkbox"/> Moving               | <input type="checkbox"/> Housebreaking Accidents |
| <input type="checkbox"/> Biting                      | <input type="checkbox"/> Too active           | <input type="checkbox"/> Barking                 |
| <input type="checkbox"/> Showing teeth               | <input type="checkbox"/> Illness              | <input type="checkbox"/> Marking in house        |
| <input type="checkbox"/> Hides for a week            | <input type="checkbox"/> Destructive behavior | <input type="checkbox"/> Digging                 |
| <input type="checkbox"/> Non-compatible w/other pets |   |  |

Have you ever had to give up a pet?  Y  N      If so, when and why? \_\_\_\_\_

Do you currently have a veterinarian? If so, please list their name and contact information:

Have you ever adopted any animals before?  Y  N                      If yes, do you still have this/those animal(s)?  Y  N

Your application will be reviewed, along with others received by DoggoneExpress and/or Parish employees or personnel to ensure that the best possible home is selected for the canine. Canines in this program are adopted solely on FIRST-COME, FIRST-SERVE BASIS. The completion of this application is not a guarantee of adoption. Incomplete application forms may result in denial of adoption. WE RESERVE THE RIGHT TO REFUSE THE ADOPTION OF ANY CANINE.

I hereby certify that the above answers are true to the best of my knowledge, and I understand that if approved, I will sign and abide by an Adoption Agreement.

**Applicant Signature**

**Date**