**A**KITA **R**ESCUE **S**OCIETY OF **F**LORIDA

PRE-ADOPTION APPLICATION

Date **Click here to enter a date.**

Name **Click here to enter name**

Address **Click here to enter address**

Phone (**XXX**)**XXX**-**XXXX**

Email Click **here to enter email**

Which dog interests you? Click to enter dog’s name

Why?  **Click to enter why?**

Rate in order of importance: (1-4 with 1 as most important)

Age  **Choose** Sex **Choose** Color **Choose** Personality **Choose**

Where do you live? **Choose property type** If other Please Describe

Do you have a fenced yard? Y/NIf Yes- Enter type of fence Enter type of fenceHeight Enter height

Would Akita need to be leash walked or could he/she exercise freely in your yard? Choose exercise

Number of adults in household? **Adults** Children? **Children** Ages of Children? **Enter children’s ages**

Other current pets?  **Enter other pets** Sex of pets? **Enter sex of other pets**

Past pets? **Enter past pets**

Number of hours dog will be alone daily? **Number of hours alone daily**

Veterinarian? **Enter name of veterinarian** **Phone**  **(XXX**)**XXX**-**XXXX**

Additional reference? (not related to you) **Enter reference**

Landlord if renting? **Name of landlord** **Phone**  **(XXX**)**XXX**-**XXXX**

**House checks are required. Purchase of a 48” crate is required. Chaining dog is not allowed. Indoor homes are required.**

Additional information you would like us to know. **Enter additional information**