

The Czechoslovakian Vlcak Club America, Inc.

## Adoption Application

email to: vlcaksusa@gmail.com

In order to be considered for an adoption, you must \* be >25 years of age \* Have the knowledge and consent of all adults living in your household \* Have a valid ID with current, permanent street address (e.g., no motel rooms, campers, or vehicles) \* If renting; have landlord's written approval \* Be willing and able to provide adequate training and supervision, necessary medical care and loving attention to an adopted pet \* Agree to a home visit from a Club representative upon request \* Agree to introduce resident dogs to any dog(s) considered for adoption prior to taking the dog(s) home \* Understand that The Czechoslovakian Vlcak Club of America, Inc., ("CSVCA"), reserves the right to deny any adoption application for any reason.

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

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

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

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

Email Address: \_\_\_\_\_ Are you 25 or older? Y/N

1. What type of dog are you looking for?

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Adult \_\_\_\_\_ Senior (8+) \_\_\_\_\_ Puppy or Young Dog

2. Do you want a particular dog? If yes, which one \_\_\_\_\_

3. How did you become aware of this dog? \_\_\_\_\_

4. This pet will be alone, without human companionship, for about \_\_\_\_\_ hours per day,  
\_\_\_\_\_ days per week

5. Where will your pet be kept during the day? \_\_\_\_\_

\_\_\_\_\_

During the night? \_\_\_\_\_

6. How do you plan to exercise your dog?

7. Where do you live?  House  Apartment  Condo  Mobile Home  
 Other

I rent  I own  with my parents  Other

If renting, Landlord's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Does your landlord allow dogs? This breed? Y/N

Are Czechoslovakian Vlcaks legal in your city/town/county/state? Please verify with your local Animal Control agency. Y/N

8. Do you have a fenced yard? Y/N How much area? \_\_\_\_\_

If fenced, please describe the height and type: \_\_\_\_\_

9. Please provide the following information about your household:

Number of adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

10. What will you do with your dog if you move in the future? \_\_\_\_\_

11. Have you considered that it may cost over \$1,000 yearly to feed, vaccinate, license and provide medical care for your dog? Y/N

12. Would you be willing to allow a representative from the shelter visit your home before and after the adoption is completed? Y/N

13. Have you owned a Czechoslovakian Vlcak before? If so, what is your Vlcak's registered name?

14. What type(s) of pets have you owned in the past 10 years? Please describe:

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15. What type(s) of pets do you own now? Please describe: (type, breed, age, sex, etc.)

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16. Who is (was) your veterinarian for the above animals?

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

17. Do you realize a dog may live 15 years or more? Y/N

18. Please provide the name and phone number of three references, who are not family members, who can vouch for your suitability as a pet owner.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

19. What is a good time of week and phone number to reach you for a telephone interview?

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By signing below, I certify the information I have given to be true and correct, and recognize that any misrepresentation of the facts may result in the denial of this application and/or any future applications. I authorize investigation of any and all statements on this application. I understand any monies paid regarding an adoption are non-refundable. I also understand that all dogs to be rehomed will be placed in the best living situation based on the knowledge of The CSVCA and who it feels will be able to provide the most appropriate home for that dog's temperament and characteristics. I understand my application may be refused.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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