



Adoption Application - Dog

**Please fill out COMPLETELY and NEATLY.
Email back to saveahart@gmail.com**

We reserve the right to refuse adoption.

Our foster dogs are adopted to be exclusively indoor and companion dogs - not outdoor or guarding dogs.

Dog's name: _____ Today's date _____

Adopter's Name _____

Address _____

City _____ State _____ Zip Code _____ Apt. # _____

Drivers License # _____ State _____ Date of Birth _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Is this the address where your pet will live? ____ Yes ____ No If not, where?

Who will have primary responsibility of your new pet? _____

How long do you plan on keeping this pet? _____

If you encounter problems (chewing, digging, etc.), how will you deal with them? _____

Please tell us in a few words why you want to adopt a dog? _____

Have you ever owned a pet before? ____ Yes ____ No What type(s)? ____ Dogs ____ Cats ____ Other

Explain what happened to any previous pets _____

Do you currently have any pets? ____ Yes ____ No Are they spayed or neutered? ____ Yes ____ No

What types (dog, cat, etc.) and how many of each? _____

If you have other dogs or cats, please list their breed, approximate weight, and approximate age.

Where do your pets stay when no one is home and/or at night? ____ Loose inside ____ Crated inside ____ Outside

Do you have a fenced yard? ____ Yes ____ No What type of fence? _____

Are your pets current on their vaccinations? ____ Yes ____ No On flea prevention? ____ Yes ____ No

Is your dog on heartworm prevention? ____ Yes ____ No What brand? _____

If you do not have a dog now, are you familiar with heartworms and heartworm prevention? ____ Yes ____ No

Application continues on page 2

Where will your *new pet* stay when no one is home/at night? ☐ Loose inside ☐ Crated inside ☐ Outside

How many hours per day will your pet be left alone regularly? _____

Do you have children in your home? ☐ Yes ☐ No If yes, what are their ages? _____

Does anyone in your household have allergies? ☐ Yes ☐ No To what? _____

Does **EVERYONE** in the household want this pet? ☐ Yes ☐ No ☐ Haven't asked them ☐ Pet is a surprise

Do you own or rent your home? ☐ Own ☐ Rent ☐ Live with parents/family

Renters, Name of landlord or complex manager: _____ Phone: _____

If Living with family, Name of homeowner: _____ Email: _____

Under what circumstances would you find it necessary to find a new home for your pet?

☐ Moving ☐ Marriage ☐ New baby ☐ Divorce ☐ Schedule change ☐ Illness

☐ Other (please specify) _____

Why are you looking to adopt a pet? ☐ Companion for yourself ☐ Watch dog ☐ Hunting

☐ Guard dog ☐ Family pet ☐ Child's companion ☐ Companion for elderly

☐ Other (please specify) _____

Reference #1

Veterinarian Information – *Required for all applicants who own or have owned a companion animal. We will confirm the spay/neuter status, vaccinations, and heartworm preventative for your pets*

Veterinarian/Clinic Name: _____

Location: _____ Telephone Number: _____

Reference #2

Please provide the information of someone unrelated to you who knows you well.

Name: _____

Location: _____ Telephone Number: _____

I certify that all information herein is true and that false information may result in nullification of this adoption. I hereby consent to the release of information about any pet I currently own or have owned in the past by any veterinarian or animal clinic in control of such information.

Signature: _____ Date: _____

YOUR APPLICATION MUST BE FILLED OUT COMPLETELY TO BE PROCESSED.