

SAFE HAVEN DOG RESCUE

We must have an application, conduct a phone interview, and meet your entire family to approve an adoption.

adopt@safehavendogsLL.org

| | |
|---|--|
| Dog You Are Applying For: | Date: |
| How were you referred to Safe Haven Dog Rescue? | |
| Why would you like to adopt an animal from us? Check all that apply | |
| _____ Companion for self | _____ Gift |
| _____ Companion for Child | _____ Watch dog |
| _____ Companion for another pet | _____ Companion for another household member |

Applicant/Co-Applicant Information **(We must have information on all adults)**

| | | | |
|----------------------------|-------------|------------------------------|----------------------|
| Last Name: | First Name: | DOB: | |
| Last Name: | First Name: | DOB: | |
| Address: | | Apt # | |
| City: | State: | Zip Code: | |
| Home phone: | Cell phone: | Co-applicant Cell: | |
| Email Address: | | | |
| Do you Own? | Rent? | Other living arrangements? | |
| At this address.... | Years? | Months? | Do you plan to move? |
| Landlord/Condo Board Name: | | Landlord/Condo Board Number: | |

Family Household Information

| | |
|--|---------------|
| Number of adults in household: | Relationship: |
| Number of children in household: | Ages: |
| Is the whole family in agreement to adopt a pet? | |
| Describe Household: Active, Noisy, Quiet, Other- Explain | |
| Is anyone in the house allergic to pets? | Who? |
| What kind of pets? | |

Employment Information for applicant

| | | |
|-----------|----------------|-----------|
| Employer: | Position held? | How long? |
| City: | State: | Zip Code: |

Employment Information for co-applicant

| | | |
|-----------|----------------|-----------|
| Employer: | Position held? | How long? |
| City: | State: | Zip Code: |

Personal Reference

| | | |
|------|---------|--------------|
| Name | Address | Phone Number |
|------|---------|--------------|

Pet Information

Have you had pets in the past or do you currently have pets? If yes, please tell us about them:

| Name | Breed | Age/Gender | Spayed/Neutered | Date of last vet visit |
|------|-------|------------|-----------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Have you ever given an animal away or relinquished an animal to a shelter?
If yes, what were the circumstances?

Veterinary Information

| | |
|---|-----------------------|
| Veterinarian's Name: | Veterinarian's phone: |
| When was your current pet's last visit to a veterinarian and why? | |
| Up to date on Vaccinations? | If not, Why? |

New Pet Information

| | |
|--|--|
| Desired Age? No Preference | Desired Size? No Preference |
| Desired Breed? No Preference | Desired Sex? M F Either |
| How much time are you prepared to allow for your new pet to adjust to your new home? | |
| Are you able to afford a bill of \$200-\$800 or more for emergency vet care? | |
| When you are out of town who will take care of your dog? | |
| <u>Describe in detail</u> where your dog will spend the day: | |
| <u>Describe in detail</u> where your dog will sleep at night: | |
| How do you plan on exercising your dog? | |
| Are you willing to housebreak your new pet? | |
| Do you plan on enrolling your pet in obedience training? If so, where? | |
| Do you have a fenced in yard? | If yes what size & type? |
| How many hours total will your pet be home alone, and will there be any breaks in between? AM ____ PM ____ breaks in between ____ How many days per week ____ | |

Describe what would you do if your dog develops a problem with:

Digging _____

Barking _____

Chewing _____

Separation Anxiety _____

Aggression _____