

H.O.P.E. Safehouse
Hopesafehouse.org · hopesafehouse@gmail.com



1234 Lathrop Ave.
Racine, WI 53405
Phone-262.634.4571
Fax-262.898.1596

Office Use Only

Recv'd _____ @ _____ am/pm
via _____

Approved

Declined

Entered into Trackabeast _____

Dog Adoption & Foster Application

Date _____ Time _____ I am interested in: Adopting _____ Fostering _____ (Please Choose One)
_____ from H.O.P.E. Safehouse
(specific animal's name and breed type)

APPLICANT Information

First Name _____

Last Name _____

Maiden Name _____ MI _____

Date of Birth (DD/MM/YYYY) _____

Driver's License # _____

Cell Phone _____

Home Phone _____

Work Phone _____

Email Address _____

Street Address _____ Apt/Unit# _____

City _____ State _____ Zip _____

Length of time at current residence _____ Yrs. _____ Mos.

Number of children in household _____ Ages _____

Number of adults in household _____

Please list names & birthdays of all adults in household

Previous Address

Street Address _____ Apt/Unit# _____

City _____ State _____ Zip _____

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Employment

Current Employer: _____

Phone Number _____

Hours worked per week _____ Shift _____

Employed here for _____ years and _____ months.

CO-APPLICANT Information

First Name _____

Last Name _____

Maiden Name _____ MI _____

Relationship with APPLICANT _____

Date of Birth (DD/MM/YYYY) _____

Driver's License # _____

Cell Phone _____

Home Phone _____

Work Phone _____

Email Address _____

Current Employer: _____

Phone Number _____

Hours worked per week _____ Shift _____

Employed here for _____ years and _____ months.



| Please answer the following questions: | (Circle answer) |
|--|---|
| How long will the dog be left alone on a daily basis? _____ | Where will the dog be kept during the day? Crate / Basement / Loose in house / Loose in yard / Penned outdoors / Fenced outdoors / Tied outdoors / Other (Please explain): |
| Who will be responsibly for feeding, training, and vet care _____ | Where will the dog be kept at night? Crate / Basement / Loose in house / Loose in yard / Penned outdoors / Fenced outdoors / Tied outdoors / Other (Please explain): |
| Does anyone go home for lunch? YES NO | Where will the dog be kept when gone? Crate / Basement / Loose in house / Loose in yard / Penned outdoors / Fenced outdoors / Tied outdoors / Other (Please explain): |
| Do you have an outside run? YES NO | Where will the dog be kept during bad weather? Crate / Basement / Loose in house / Loose in yard / Penned outdoors / Fenced outdoors / Tied outdoors / Other (Please explain): |
| Do you have a fenced in yard? YES NO | |
| Do you have a dog house? YES NO | |
| Do you have a training crate? YES NO | |
| Do you have a tie out for the dog? YES NO | |
| Do you have allergies to pets? YES NO | |
| Will this be your first dog? YES NO | |
| Have you been to dog training classes? YES NO | |
| Would you be willing to go if mandated? YES NO | |
| Have you ever had to get rid of a pet? YES NO | |
| If yes, please explain: | |



****Please contact your vet clinics and release your pet's records to us ****

Current Pets (List only canines and felines) Write "None" if you currently have no pets

| Pet Type <i>(Circle one)</i> | Name | Breed | Age | Length of ownership | Mainly Kept Inside or Outside? <i>(Circle one)</i> | Vet Clinic Used | Clinic City & Phone Number |
|--|-------------|--------------|------------|----------------------------|--|------------------------|---------------------------------------|
| Dog Cat | | | | | In or Out | | |
| Dog Cat | | | | | In or Out | | |
| Dog Cat | | | | | In or Out | | |
| Dog Cat | | | | | In or Out | | |

Past Pets (List all pets owned in the last 10 years. Write "None" if you have had no pets in the last 10 years.)

| Pet Type <i>(Circle one)</i> | Name | Breed | Age | Length of ownership | Mainly Kept Inside or Outside? <i>(Circle one)</i> | Vet Clinic Used | Clinic City & Phone Number |
|--|-------------|--------------|------------|----------------------------|--|------------------------|---------------------------------------|
| Dog Cat | | | | | In or Out | | |
| Dog Cat | | | | | In or Out | | |
| Dog Cat | | | | | In or Out | | |
| Dog Cat | | | | | In or Out | | |

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Please read and sign

I certify that all information I have given on this application is true. I understand that any false information, unanswered questions or omitted information will result in immediate rejection.

Signature _____ Date _____ Spouse _____ Date _____

----- OFFICE USE ONLY -----

Verified : Address _____ Visual _____ Employment _____ Landlord _____ File _____

CCAP : Date of Check _____

Notes:

Vet Check: