

Dog Adoption Application

H.O.P.E. Safehouse, Inc.

1911 Taylor Ave.

Racine, WI 53403

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hopesafehouse@gmail.com

www.hopesafehouse.org

Dog(s) interested in: _____

Rcvd date/time _____

Approved / Rejected _____ Counselor _____

Please complete entire application and return to HOPE via E-mail, Fax or US Mail:

APPLICANT:

Last Name _____ Legal First _____ MI _____

Maiden Name _____ Birthdate ____/____/____

Dr. License # _____ State _____

E-mail _____

CO-APPLICANT:

Last Name _____ Legal First _____ MI _____

Maiden Name _____ Birthdate ____/____/____

Dr. License # _____ State _____

E-Mail _____

Relationship to APPLICANT: _____

Current Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Length of time at this address _____ Mos / Yrs Do you Own / Rent? _____

If Rent, Landlord's name & ph# _____

Previous Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Length of time at this address _____ Mos / Yrs

Home Ph # () _____

Applicant Cell # () _____ Co-App Cell # () _____

No. of Adults in household _____

No. of Children (under 18) in household _____ Ages _____

Current Employers:

Applicant _____ Wk# () _____ Shift _____

How long employed here _____ Mos / Yrs

Co-App _____ Wk# () _____ Shift _____

How long employed here _____ Mos / Yrs

How long employed here _____

Does anyone go home for lunch yes ___ no ___ Do you have an outside run yes ___ no ___

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 any allergies to pets yes ___ no ___

Do you have a tie out for the dog yes ___ no ___ Will this be your first dog on your own yes ___ no ___

Have you ever gone to dog classes yes ___ no ___ Would you go to classes if mandated yes ___ no ___

Have you ever had to get rid of a pet yes ___ no ___ Explain :

Who will be responsible for feeding, training, and vet care _____

How many hours will the dog be left alone _____

Where will the dog be kept during the day : in crate in basement in loose out penned out fenced out tied other _____

Where will the dog be kept at night : in crate in basement in loose out penned out fenced out tied other _____

Where will the dog be kept when gone : in crate in basement in loose out penned out fenced out tied other _____

Where will the dog be kept during bad weather: in crate in basement in loose out penned out fenced out tied other _____

Why do you want a pet : (circle all that apply) companion companion for other pet protection for a child gift Other _____

Current Pets

(list only canines and felines) Write None, if you currently have no pets

<u>Dog/cat - Name - Age</u>	<u>How long have you had it</u>	<u>Kept in or outside</u>	<u>What vet do you use with this pet</u>

Past Pets

List all pets you personally have owned in the last 10 years. Write None if you have had no other pets in the last 10 years. Do not list parents pets.

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<u>Breed</u>	<u>Name</u>	<u>Purchased from where and at what age</u>	<u>How long did you have it</u>	<u>Where is pet now</u>

List all vet clinics you used with these pets: (include clinic name, phone & city)

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** -----

Verified :

Address _____ Visual _____ Employment _____ Reference _____ Landlord _____ File _____

Pet History _____