

**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 \_\_\_\_\_

Rent \_\_\_\_\_ or Own \_\_\_\_\_

If rent, Name and Phone of landlord: \_\_\_\_\_

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:**

How long will the dog be left alone on a daily basis? \_\_\_\_\_

Who will be responsibly for feeding, training, and vet care \_\_\_\_\_

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 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:

**(Circle answer)**

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):

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):

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):

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):



**\*\*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**

<b>Pet Type</b> <i>(Circle one)</i>	<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Length of ownership</b>	<b>Mainly Kept Inside or Outside?</b> <i>(Circle one)</i>	<b>Vet Clinic Used</b>	<b>Clinic City &amp; Phone Number</b>
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.)**

<b>Pet Type</b> <i>(Circle one)</i>	<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Length of ownership</b>	<b>Mainly Kept Inside or Outside?</b> <i>(Circle one)</i>	<b>Vet Clinic Used</b>	<b>Clinic City &amp; Phone Number</b>
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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:**