



Dog Adoption/Foster Application

9/10/18

I'm interested in Adopting ____ Fostering ____ (Dog name) _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Alt. Phone _____

Email address: _____

Driver's License #: _____ Date of Birth: _____

Are you currently serving in the military or reserves? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please explain _____

CURRENT EMPLOYMENT INFORMATION (check all that apply)

____ Employed full-time ____ Unemployed ____ Student

____ Employed part-time ____ Retired Other: _____

If employed, name of employer: _____

Job title/line of work: _____ How long with present employer? _____

SPOUSE/PARTNER

If employed, name of employer: _____

Job title/line of work: _____ How long with present employer? _____

ADOPTER AND SPOUSE/PARTNER

If a student, what college/university? _____

CURRENT HOME

____ House ____ Townhouse ____ Co-op ____ Duplex
____ Apartment ____ Mobile Home ____ Condo Other: _____

How long have you lived at this address? _____

Do you: Own ____ Rent ____ Live with parents ____

If you own, please present deed, mortgage payment book or tax bill.

If you rent, does your lease allow pets (be prepared to present copy of lease)? Yes ____ No ____

Landlord's name: _____ Phone _____

Does your home/yard have:

- | | | |
|---|---|--|
| <input type="checkbox"/> a privacy fence | <input type="checkbox"/> an invisible fence | <input type="checkbox"/> indoor area with pee pads/newspaper |
| <input type="checkbox"/> a stationary tie out | <input type="checkbox"/> an outdoor run | <input type="checkbox"/> a swimming pool |
| <input type="checkbox"/> a chain link fence | <input type="checkbox"/> a dog house | other: _____ |

If you have a fence (chain link, privacy or invisible) is your yard fully enclosed? Yes No

FAMILY/HOUSEHOLD INFORMATION

Please list names and ages of any **ADULTS (18 AND OVER)** who live in your home with you:

Please list names and ages of any **CHILDREN (UNDER 18)** who live in your home with you:

Do you or anyone in your household have allergies to animals? Yes No

Is everyone in agreement with adopting? Yes No

Please provide the names and ages of people who visit your home frequently:

- How do you relate to dogs? Easygoing (not many rules)
 Moderate (do not always follow the rules, but rules exist)
 Strict (everyone sticks to the rules)

The noise/activity level in my home is usually: Low Medium High

Is anyone in your home unsure of dogs? Very (e.g. bitten as a child) Somewhat (has had no experience) None

How would you describe your level of housekeeping? Very particular Particular Easygoing

VET CARE

What is your estimate of the cost for annual routine vet care? _____

Please provide a description of what you consider to be routine vet care:

What will you do in case of a veterinary emergency (requiring surgery, meds, IV, etc.)

- Are you familiar with heartworm disease? Yes No
- Are you familiar with heartworm prevention? Yes No
- Are your current pets on heartworm preventive medication? Yes No N/A (no pets)

My pet/s' veterinarian is:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

CURRENT AND PAST PETS

I have owned these pets in the past 5 years:

Pet's Name	Type of Animal	Breed	Age	Spayed/Neutered?		Vaccines Current?		Deceased?		If Yes, what happened?
				Yes ___	No ___	Yes ___	No ___	Yes ___	No ___	
				Yes ___	No ___	Yes ___	No ___	Yes ___	No ___	
				Yes ___	No ___	Yes ___	No ___	Yes ___	No ___	
				Yes ___	No ___	Yes ___	No ___	Yes ___	No ___	
				Yes ___	No ___	Yes ___	No ___	Yes ___	No ___	

RESPONSIBILITY

Who will be primarily responsible for the care of this dog?

Name: _____ Age: _____

If your pet/s were to survive you, what would happen to them?

Have you ever surrendered a pet to a shelter, pound or rescue? Yes ___ No ___

If yes, why? _____

If you move in the future, what will you do with the dog you are planning to adopt?

WHAT WOULD CAUSE YOU TO RETURN YOUR DOG TO US IN THE FUTURE? (CHECK ALL THAT APPLY)

___ Biting/Nipping

___ Fence jumping (over 4 ft.)

___ Death of spouse/partner

___ Barking

___ Digging

___ New baby; concerns about safety

___ Marking/Can't be housebroken

___ Separation anxiety

___ Kids leave home; won't care for dog

___ Fights with current pet(s)

___ Medical needs

___ New partner doesn't like dog

___ Counter surfing/begging

___ Loss of income

___ New job, moving

___ Chewing/destroying possessions

___ Change in my health

___ Changed my mind about caring for pet

___ Disobedience

___ Divorce/breakup with partner

___ None of the above

Other _____

ADOPTION INFORMATION

My ideal dog would be (i.e. age, size, energy level, breed, etc.):

Characteristics that you would like in a dog (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Is mellow/easygoing | <input type="checkbox"/> Is moderately active | |
| <input type="checkbox"/> Loves everyone | <input type="checkbox"/> Prefers mostly family | |
| <input type="checkbox"/> Is very affectionate | <input type="checkbox"/> Likes some petting | |
| <input type="checkbox"/> Is quiet | <input type="checkbox"/> Does some barking | |
| <input type="checkbox"/> Is calm when greeting people | <input type="checkbox"/> Is excited but controlled when greeting people | |
| <input type="checkbox"/> Doesn't need much training | <input type="checkbox"/> Needs some basic training | |
| <input type="checkbox"/> Needs very little grooming | <input type="checkbox"/> Needs grooming 1-2 times a week | |
| <input type="checkbox"/> Likes walks on a leash | <input type="checkbox"/> Will run/jog with me | <input type="checkbox"/> Plays alone in the house/yard |

What is your preferred level of exercise with the dog? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Couch Potato | <input type="checkbox"/> Short Walks | <input type="checkbox"/> Hiking/Jogging |
| <input type="checkbox"/> Yard Exercise | <input type="checkbox"/> Vigorous Walks | |

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

Where will the dog be left when home alone?

- | | | |
|---|---|--|
| <input type="checkbox"/> Loose in the house | <input type="checkbox"/> In the yard | <input type="checkbox"/> Crated in the house |
| <input type="checkbox"/> In the garage | <input type="checkbox"/> In a room in the house | Other: _____ |

Are you familiar with crating? Yes No

What are your feelings about crating?

Where will the dog sleep at night? _____

Do you plan to take your new dog to training? Yes No

How will you potty train your new dog?

If you are no longer able to keep the dog you adopt, do you agree that you must return the dog to I Heart Dogs Rescue and Animal Haven? Yes No

Hold Harmless Waiver

I have read the foregoing and certify that the answers I have given are complete, true, and not misleading in any way. By signing this Application, I am authorizing I Heart Dogs to contact landlords, associates and veterinarians.

Signed _____ Date _____

Any falsification of information will cause your application to be rejected.

Incomplete applications will not be processed.

HOW DID YOU FIND OUT ABOUT I HEART DOGS?

- | | | |
|---|------------------------------------|------------------------------------|
| iheartdogs.org <input type="checkbox"/> | Twitter <input type="checkbox"/> | Petfinder <input type="checkbox"/> |
| Facebook <input type="checkbox"/> | Instagram <input type="checkbox"/> | Referral <input type="checkbox"/> |
| Other _____ | | |