



APPLICATION TO ADOPT

Applicant Signature

Signature: _____

Date: ___/___/___

Internal Use Only

Date Completed: ___/___/___

HBDR Volunteer: _____

BHDR Review: _____

Applicant

First Name _____ Last Name _____ Occupation _____

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Work Phone _____ Other _____ E-mail _____

Preferred Method of Contact: Home Phone Work Phone E-mail Other

Home and Family

Number of Adults _____ Age of Adults _____

Number of Children _____ Age of Children _____

Do you live in a House Apt. Town House
 Motor Home Trailer Other

Do you: Own Rent

*If renting: Do you have your landlord's permission to have a dog? Yes No

What is your landlord's name and phone number _____

*We reserve the right to contact him/her to insure a dog is allowed.

Dog Information

If there is a particular dog(s) you are interested in, please list the name(s): _____

Please state what characteristics you would like in a dog (you may choose more than one answer for each line):

Sex: Either Male Female Breed: Any OR Specify _____

Age: Any Puppy 1-2 yrs. 2-5 years 5-8 years 8 years & up

Size when fully grown: Any Under 30 # 31-50 # 51-80 # 80 # & up

Energy Level: Any Couch Potato Medium High

What behavior traits or strengths are you looking for in a dog?

good with children good with dogs good with cats friendly

playful does not chew travels well obedient

easy to train short hair long hair does not shed

good in crate house trained affectionate other (please list/describe): _____

What behaviors/bad habits would you really like to avoid in a dog?

hyperactive lethargic barking chewing

dominant doesn't like to be alone other (please list/describe): _____

Is there anything else you would like us to know about what you are looking for in a dog? _____

Other Pets

What other animals are currently living in your household? (name/type/sex/age/fixed?/kept where)

1. _____

2. _____

3. _____

4. _____

5. _____

Canine Experience

Who is the dog for: Self OR Specify _____

Why do you want a dog? Companion for You Children Other pet Watchdog Other

How would you rate your level of experience in owning a dog? Beginner Intermediate Advanced

Have you ever owned a dog? Yes No If yes, how many and what kind: _____

Have you ever given up or euthanized a dog? Yes No If yes, please exp _____

Is someone home during the day? Yes No If no, approximately how many hours will the dog be alone?
 1-4 hours 5-8 hours 8-10 hours More

Do you have a fenced yard? Yes No If yes, how high is your fence? _____ Feet

Are you familiar with crate training? Yes No Are you willing to crate train the dog? Yes No

Do you have any experience with obedience training? Yes No

Are you willing to hire a dog trainer or behaviorist if any manageable problems develop? Yes No

Where will the dog primarily be kept? _____

How will you discipline the dog if s/he misbehaves? _____

Veterinary Care

Will you provide regular veterinary care for your dog?
 Yes No

Do you realize your dog must be seen by your veterinarian at least once a year, and be given updated vaccinations every year? Yes No

Do you realize that a dog must be licensed each year?
 Yes No

Do you already have a veterinarian that you are planning to use? Yes No

If yes, please provide their name and telephone number: _____

*We may contact your veterinarian to verify that all current pets are up to date on their vaccinations.

References

Please provide 2 unrelated personal references that we may contact:

Name _____ Phone # _____

Name _____ Phone # _____

Please consider making a \$10 donation to Homeward Bound with your application. Thank you!