



Our Pets Until They're Your Pets

**Homeless Pets Foundation
Dog Adoption Application**

Either fax to: 770-971-1292
Or submit on the Contact Us form

2 week Pre-Adopt _____ Adopt _____

PET NAME _____

DATE _____ HPF REP _____

HOW DID YOU HEAR ABOUT OUR FOUNDATION :

Name _____ Age _____ Home Phone _____ Cell Phone _____

Co-applicant name _____ Age _____ Relation to applicant _____

Address _____ City _____ State _____ Zip _____

Please indicate where you live: House Townhouse Condo Apartment Trailer/mobile home

Do you: Own Rent

How long have you lived at this address? _____ How many times have you moved in the last 5 years? _____

If you rent, does your landlord/lease allow pets? No Yes Weight limit? _____ Breed restrictions? _____

Amount of pet deposit? _____ Has the pet deposit been paid? No Yes

Is there a limit to the number of pets allowed? No Yes How many? _____

Name of apt complex/Landlord _____ Phone _____

Are you willing to allow a representative from Homeless Pets Foundation to visit your home by appointment? Yes No

Are you: Working Retired Attending School Homemaker Other _____

Applicant Employer _____ Work phone _____

Occupation(s) _____

Address _____ City _____ State _____ Zip _____

Working hours _____ Email address(s) _____

CO- Applicant Employer _____ Work phone _____

Occupation(s) _____

Address _____ City _____ State _____ Zip _____

Working hours _____ Email address(s) _____

Please check any of the following reasons for adopting this dog that apply
 Family Pet Child's Pet Watchdog Companion Hunting dog
 Guard dog for business Companion for other pet Gift Other, please specify _____

Will this dog be a surprise for anyone? No Yes, Who? _____

Is everyone in the household in favor of adopting this dog? No Yes

Are there any other adults living in the household? No Yes If yes, please list below.

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Are any members of your household allergic to pets? No Yes

If yes, what will be done to accommodate the dog(s) and the household member? _____

Do you or any member of your household smoke? No Yes

Do you or any member of your household have a serious or life threatening illness? No Yes If yes, please explain:

How many children live in your home? _____ Please list ages: _____

How will you handle interaction between the new dog and your children? _____

Who will be responsible for daily care and training of your new dog? Self Spouse Children Roommate

Do the primary caretakers for the household pet(s) travel often? No Yes

When traveling, who will take care of your pet(s)? _____

How many pets do you currently have? _____

PLEASE LIST ALL CURRENT PETS:

Type of pet	Name	Age	Spayed/Neutered?	Current on Vaccines?

PLEASE LIST ANY OTHER PETS YOU HAVE OWNED AS AN ADULT:

Type and Name of Pet	Age	Spayed/Neutered?	Yr. deceased or last yr you had pet	How long did you have the pet?	Cause of death or where pet is now.

Veterinarian's name _____ Phone _____

Address _____ City _____ State _____ Zip _____

How much do you expect to spend annually for your dog? _____

If your dog develops an expensive medical problem what would you do? _____

Do your current pets/did your past pets receive monthly heartworm and flea preventative? Yes No, Why not? _____

If yes, what brands do/did you use? _____ How often do/did you give it? _____

Are you familiar with heartworm disease? Yes No

What is the maximum number of hours your dog would be left alone in a normal day? _____

Where will the new dog be kept primarily? _____

Is your yard fenced in? No Yes What kind of fence? _____ Height of fence? _____

Do you have a pet door? No Yes

Will you ever let your dog off leash in an unfenced area? _____ Explain _____

Where will new dog stay when you are not at home before being housetrained?

Outside in fenced area Outside in dog pen Outside on chain or tie-out Inside in basement
 In the garage Inside free run of house Inside in crate Inside in one room of house Room? _____
 Other _____

Where will new dog stay when you are not at home after being housetrained?

Outside in fenced area Outside in dog pen Outside on chain or tie-out Inside in basement
 In the garage Inside free run of house Inside in crate Inside in one room of house Which room? _____
 Other _____

Where will new dog sleep at night before being housetrained? Dog house in fenced in yard Dog house in dog pen

Dog house near tie-out Inside in basement In the garage Inside free run of house Inside in crate In my bed
 Inside in one room of house, Room? _____ Other _____

Where will new dog sleep at night after being housetrained? Dog house in fenced in yard Dog house in dog pen

Dog house near tie-out Inside in basement In the garage Inside free run of house Inside in crate In my bed
 Inside in one room of house, Room? _____ Other _____

Have you ever had a serious behavior problem with dog? No Yes, please explain _____

What is your training plan for your new pet? _____

What methods will you use for house training? Crate training Newspaper/Pee pads Rubbing nose Spanking

Swatting with newspaper Other, please explain _____

What circumstances, in your mind, justify giving up a dog? Check all that apply. Aggression Dog's Medical Problems

Ruining furniture Not house trained Divorce New Baby Shedding Allergies Children Lost Interest
 Getting Loose Excessive barking Not getting along with other pets Lost job Marriage Got too big
 Moving Not getting along with child Too time consuming Personal Medical problems
 Other _____

What will you do with the dog if one of these should arise? _____

Would you try to fix the problem? No Yes How? _____

Have you ever given up a pet? No Yes Why? _____

If you date or marry someone who does not like or want dogs, what will you do? _____

If you date or marry someone who is allergic to dogs, what will you do? _____

Would you ever consider moving somewhere that does not allow pets? No Yes

Do you foresee any major changes in your life in the next 10 - 15 years (i.e. marriage, childbirth, job transfer etc)? No Yes
If yes, Please explain _____

Can you provide a permanent, loving home for this dog for 10 - 15 years? _____

What do you consider to be an appropriate amount of time for a pet to adjust to a new home? _____

Have you ever looked at or applied for a pet with another rescue group or shelter? No Yes, please give the name of the group or shelter? _____
_____ How long ago? _____ Did you adopt? No Yes

REFERENCES

Reference Name	Address	City, State, Zip	Phone
1			
2.			

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of the dog and possible removal of said dog from my home. I consent to Homeless Pets representatives discussing information on this application with any persons named on this application. Applicant must be 25 years of age or older. Homeless Pets Foundation reserves the right to refuse any applicant for any reason. All completed applications become the property of Homeless Pets Foundation.

Signature of Applicant

Date of Application