

Headin' Home Rescue Adoption Application

***=Required**

Adopter's Info			
*Adopter's Name		*Age	
*Address			
*City	*State	*Zip	
*E-mail Address			
*Home Phone		Cell Phone	
*Employer		*Work Phone	
*Spouse/Significant Other's Name		*Spouse/Significant Other's Age	
Household Info			
*Are you expecting a child or planning a family?		How many children are currently living at home?	
Names and ages of all children included above:			
* List names, ages and relationship of others residing in your home			
*Is everyone in the household in agreement about adopting a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haven't discussed <input type="checkbox"/> Surprise for a family member		
*Is anyone in your home allergic to animals?	If yes, to what specific kinds of animals?		
*Does anyone in your home have asthma?			
*Do you own or rent your home?		If you rent, please provide name and phone number of your landlord:	
If renting, please indicate any restrictions on pets (size, breed, declawed cats, etc)			
*Please describe your current dwelling:			

*How long have you lived at your current address?		*If less than two years, please provide your previous address:	
In what type of neighborhood is your home located?	<input type="checkbox"/> City <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Other	*Does your city, township or county have a dog ordinance banning the ownership of specific breeds of dogs?	
*Does your home have a yard?		*Is there a securely fenced in area for a dog?	
If not, explain how and where you will allow the dog to exercise and relieve itself:		If your yard is fenced, please describe what kind:	
Pets Info			
*Do you have other pets at this time?		Are they spayed or neutered? Why or why not?	
If other dogs, are they currently on heartworm prevention?		If yes, what type?	<input type="checkbox"/> Heartgard <input type="checkbox"/> Iverhart <input type="checkbox"/> Revolution <input type="checkbox"/> Trifexis <input type="checkbox"/> Other
Where do you get your heartworm prevention from?	<input type="checkbox"/> Vet <input type="checkbox"/> Online Pharmacy <input type="checkbox"/> Other	If not on heartworm prevention, please explain	
Are the other pets current on their vaccinations?		If not, please explain	
Are the other pets indoors or outdoors?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
Please describe the other pets in your home (type, gender, etc):			
*Have you owned dogs or cats previously?		If yes, please list names, breeds and why you no longer have them:	

New Pet Info			
*Where will your new pet live?	____ Indoors ____ Outdoors		
*Which pet are you interested in adopting?			
What attracted you to this pet that you are applying to adopt?			
Do you have any experience with this breed? (If yes, please explain)			
What role would you like your new pet to play in your life?			
Please describe where the dog will stay when you are home:			
Please describe where the dog will stay when you are away during the day:			
Please describe where the dog will sleep at night:			
Do you currently have a crate for the dog?		Do you plan to use a crate for the dog?	
Why or why not?			
Adopter's History			
*Who will be the primary caretaker of this pet?		*Have you adopted a pet before?	
If you have adopted before, please tell us from where (name, phone number)			
*Please provide us with the name, address, and phone number of your current veterinarian			
(NOTE: some vets require that you call and authorize them to talk to us).			

If you have used any other veterinarian(s), please list names and phone numbers. Indicate which pets they treated.			
*Reference #1 Name (not a relative)		*Reference #1 Phone	
Reference #1 Email			
*Reference #2 Name (not a relative)		*Reference #1 Phone	
Reference #2 Email			
*Reference #3 Name (not a relative)		*Reference #3 Phone	
Reference #3 Email			

Application Submission

*The information provided in this application (in its entirety) is true to the best of my knowledge as of the date on this application. I agree that either my signature on this copy or submission of this form by email will constitute a legally signed document (enter your name here to "sign" on the internet) or sign below if done on hard copy).

Signature:

--

Date:

--