

TAILS OF HOPE APPLICATION FOR ADOPTION - DOG

Date : _____

Dog's Name: _____

Please Tell Us Why You Want To Adopt A Pet:

Tell Us About Yourself And Your Family

Adopter Name:		Co-Adopter Name:	
Home Phone:	Cell #:	Email	
Street Address:			Apt#:
City:		State:	Zip:
Your Occupation:		Co-Adopter Occupation:	
How many adults in household other than adopters:		Relationship:	
Number of Children in household:		Age Range: _____ to _____	
Does anyone in your household suffer from pet-related allergies? If yes, please explain:			

Tell Us About Your Home

Type of Residence: <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Townhome <input type="checkbox"/> Mobile Home <input type="checkbox"/> Live w/Parents <input type="checkbox"/> Other: _____	Do you own _____ rent _____ your residence? If you rent, please supply Landlord's contact information: Name: _____ Phone: _____
How long have you lived at your current address? _____ If less than 2 yrs, your previous address:	

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1. Where will the dog be kept during the day? <input type="checkbox"/> Loose in the house <input type="checkbox"/> Crate/kennel <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outside in fenced yard <input type="checkbox"/> Outside in kennel <input type="checkbox"/> Other _____
2. Where will the dog sleep at night? <input type="checkbox"/> Loose in the house <input type="checkbox"/> Crate/kennel <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outside in fenced yard <input type="checkbox"/> Outside in kennel <input type="checkbox"/> Other _____
3. Do you have a fenced in Yard? _____ If yes: Height of fence _____ Type of fence _____ If no, how will you keep your dog on your property?
4. On average, how many hours will the dog be left alone each day?
5. What circumstances or behavior would cause you to return the dog?
6. It may take a grieving/scared dog a month or more to adjust to your home and family. Are you willing to allow this much time for adjustment?

Current/Past Veterinarian	May we contact this vet?
Clinic Name:	Vet's Name:
Address:	Phone:

Tell Us About Your CURRENT Pets

Pet Name	Dog	Cat	Breed	Age	Spay/Neuter	Current Vaccinations

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Tell Us About Your PREVIOUS Pets

Pet Name	Dog	Cat	Length of Ownership	Why is pet no longer with you?

1. Are you willing to let a Tails of Hope representative visit your home by appointment? Yes No
2. Are you willing to sign a legal contract agreeing to the terms of the adoption? Yes No

By signing below, I certify that the information provided on this application is complete and correct. I realize that any misrepresentation of facts may result in losing adoption privileges. I authorize investigations of all statements in this application and understand that veterinarians, landlords, etc. may be contacted. I understand that Tails of Hope has the right to deny my request for adoption.

Applicants Signature: _____ Date: _____

Co-Applicants Signature: _____ Date: _____

Proof of identity and address must be verified with a Drivers License at the time of the adoption
