



OUR HOUSE OF HOPE ADOPTION APPLICATION

This is a comprehensive adoption application which may seem formal, but it is intended to ensure that the right dog is being placed with you. An improper placement, or one based on inadequate information, can end tragically for the dog and the adoptive family.

Every question must be answered in order for this application to be complete and for you to be considered. All information furnished here will be kept confidential and will only be available for use by Our House of Hope. All of our dogs will be spayed or neutered prior to adoption.

PERSONAL INFORMATION

Applicant's Name: _____

Address (no P.O. Box #): _____

City, State, & Zip Code: _____

Home Phone: _____

Work Phone: _____

Age: _____

Email Address: _____

Occupation and Position Title:	
Employer Name and Work Schedule:	

YOUR FAMILY

Who is this dog for?	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Entire Family <input type="checkbox"/> Other: _____
Choose One:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Other: _____
If single:	<input type="checkbox"/> Live alone <input type="checkbox"/> With Family <input type="checkbox"/> Other: _____
Do you plan on adding more members to your household in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
How many smokers live in your home?	
Do any members of your family have any ongoing medical conditions (including allergies) that might interfere with ownership of a new dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

List all other members of the household where the dog will live

Full Name	Age	Relationship	Occupation (schedule or year in school)

YOUR HOME

Choose One:	<input type="checkbox"/> I own <i>or</i> <input type="checkbox"/> I rent my: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Other: _____		
If renting, does your landlord and/or tenant's association permit pets? <i>A copy of your lease is required if you are renting</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Renters: Please supply the following for verification:		Landlord/ managing agent name:	
		Phone number:	
How long have you lived at this address?			
Do you have a fenced yard attached to this address?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe your fence:			
If there is no fence, how do you plan for the dog to relieve itself?			
Do you have a pool? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is it fenced separately? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you plan to move in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
If yes, when and where to?			

PET OWNING HISTORY

Have you ever tried to adopt a dog from Our House of Hope in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what happened?	
Have you ever tried to adopt a dog from another rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what happened?	
Have you ever owned other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give a brief history and state what happened to it (them):	

Please list all other pets currently residing in your house hold

Age	Sex/ Altered?	Weight	Breed	Acquired From	Had pet how long?	Personality

If you have other dogs, describe & explain their behavior towards people and other animals:

Are there any dogs belonging to family or friends that might be aggressive towards your dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
With any past or present pets, have you had any behavioral problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Are you prepared to spend the time necessary to accustom other animals to the new dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you isolate the other animals if they cannot get along?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How do you plan to do this?	

YOUR LIFESTYLE

Who will have primary responsibility for this dog's feeding, grooming, veterinary care, etc.?	
Does everyone in your family want a new dog? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not and what are their concerns?	
How many hours a day will this dog be without people around? (be realistic)	
If you work and are home for lunch, what is your actual time at home at lunchtime?	
Where will your dog be kept when no people are home?	
Where will your dog sleep at night?	
What will you feed your dog?	
If you are away for a few days or go on vacation, who will take care of your dog?	
Do you have children under 7 that visit your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many are there and how often do they visit?	

Are you willing to attend classes to train this dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to crate train the dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe

What action by the dog would lead you to discipline it (e.g. soiling, barking, biting, etc.) and how do you discipline?

ADOPTION PREFERENCES

What sex and age would you prefer?	
Do you have a specific dog in mind?	<input type="checkbox"/> Yes <input type="checkbox"/> No Which? _____
Will you accept a dog that barks, needs housebreaking, or other obedience help?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe with the following conditions:	

What other dogs, if any, have you been considering?

HEALTH STATUS OF DOGS

All of our dogs have been examined by a veterinarian and have been spayed or neutered. Dogs available for adoption have been provided with proper health care and adoptive families will be informed of any conditions that are made aware of to Our House of Hope.

Will you accept and treat with proper veterinary care a dog with medical problems for as long as necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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We expect our dogs to have an annual physical exam with immunizations, regular rabies vaccinations, and to be on monthly heartworm preventative medication. We also expect their teeth to be cleaned as needed because periodontal disease is the #1 killer of small dogs. Grooming is also required as needed.

Do you understand that there are routine yearly costs involved for the dog and have you budgeted for these	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you budgeted for emergency veterinary care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
Will you have difficulty financially if you have major expenses for your dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Please provide the name and phone number of TWO **non-relative** character references we may contact. All references will be checked. You may be asked to provide additional references

Name	Phone

Please provide a **veterinary reference**. If not applicable explain why:

Name	Address	Phone

Or explanation:

Please provide the name, address, and phone of your **pet's groomer**. If not applicable explain why:

Name	Address	Phone

Or explanation:

VISITS

Our House of Hope requires that prospective adoptive parents visit the dog prior to the actual adoption.

Would you be willing to allow an Our House of Hope representative to visit your home prior to and/or after adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, please explain:

As a condition of adoption and before a dog can be placed into your home, you will be asked to sign and return to us an adoption contract. This contract will include among other things:

- That you agree to return the dog should some problem or circumstance arise at any time and you are no longer able or willing to keep the dog in your home
- A request for an adoption donation of \$375.00. This adoption donation must be made in advance before we can place the dog in your home. This is nonrefundable and, in the event, you cannot keep the dog, the adoption donation will be applied towards the care of other dogs. If the dog should be returned to us you may claim the donation to Our House of Hope as a tax deduction.

All of the information in this application form is true and correct, and I understand and agree to abide by the terms and conditions herein. I understand that any misrepresentation of the facts may result in my not being approved to adopt a dog or the removal of the adopted dog from my home by Our House of Hope. I understand that filling out this application does not guarantee the adoption of an Our House of Hope dog. Our House of Hope has the right to deny adoption of any of the animals to anyone for any reason at any time.

If, for any reason, you no longer wish to adopt a dog we would appreciate it if you contact us. Thank you.

Date: _____

Applicant Name: _____

Email Address: _____