

# Dog & Puppy Adoption Application

## **For your information...**

This application will be reviewed by an adoption counselor. SSOH reserves the right to deny any adoption.

Applicants should be prepared to present a photo ID with current address. If different, proof of current address will be necessary.

All family members who will live with the animal need to be present and have interaction with the animal.

Renters will need a copy of lease or verbal confirmation from landlord regarding pet policy. Condo/Townhouse owners will need to present a copy of the bylaws.





# SSOH Adoption Application

This application is the property of Serendipittys Sanctuary of Hope [SSOH]

OFFICE USE ONLY

DNA Check by \_\_\_\_\_

Names of dogs you are interested in: \_\_\_\_\_

## Applicant Information

(Adult#1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Adult#2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ (Adult#1) Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 E-mail: \_\_\_\_\_ (Adult#2) Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

# of Years at Residence: \_\_\_\_ If at address less than 1 year → Prior Address: \_\_\_\_\_  
 Type of Property:  House Prior City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Townhouse  
 Apartment Do you...  Rent → Landlord / Complex Name: \_\_\_\_\_  
 Condo  Own Landlord / Complex Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Mobile Home Are you allowed pets?  Yes  
 Other: \_\_\_\_\_  No

(Adult#1) Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 (Adult#2) Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## Household Information

# of adults in household: \_\_\_\_ Relationship(s): \_\_\_\_\_  
 # of children in household: \_\_\_\_ Age(s): \_\_\_\_\_  
 Is anyone allergic to animals?  Yes  No If yes, who and to what type of animal? \_\_\_\_\_  
 If you have to move in the future, what will you do with your pets? \_\_\_\_\_  
 Who in the household will be the pet's primary caregiver? \_\_\_\_\_  
 What are your beliefs regarding spaying/neutering? \_\_\_\_\_  
 Do you plan on cropping your dog's ears and/or docking your dog's tail?  Yes  No If yes, why? \_\_\_\_\_

## Pet Ownership

Please list all dogs and cats you have owned as an adult (past and present)

Name	Breed	Age	Sex	Neutered	Declawed	Deceased	Where are they if not in household?
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	

Who is your Veterinarian? \_\_\_\_\_  
 Vet's City: \_\_\_\_\_ State: \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

When was Current Pet's Last Visit to a Veterinarian? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are all your pets up to date on vaccinations?  Yes  
 No → Why? \_\_\_\_\_

# of Pet's you have had as an Adult: \_\_\_\_\_

Have you adopted from SSOH in the Past?  Yes → Where is Animal now? \_\_\_\_\_  
 No

## Dog/Puppy Application

Describe your ideal pet / Why do you want to adopt? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of pet are you looking for?

- Indoor  
 Outdoor  
 Indoor/Outdoor

Where will the dog be when...

- ...you're home? \_\_\_\_\_  
...you're not home? \_\_\_\_\_  
...you're asleep? \_\_\_\_\_

How will you entertain/exercise your dog? \_\_\_\_\_

How will you housetrain your dog? \_\_\_\_\_

How will you introduce your dog to other animals in your household? \_\_\_\_\_

How much time are you prepared to allow for your new pet to adjust to your home? \_\_\_\_\_

Under what circumstances would you not keep or return this dog? \_\_\_\_\_

How many hours a day will your dog be alone? \_\_\_\_\_

Are you committed to providing a responsible home for your pet's entire life (*could be 15+ years*)?  Yes  No

Have you ever turned an animal in to a shelter?  Yes  No If Yes, why? \_\_\_\_\_

Are you prepared to assume the financial responsibilities of providing your dog with adequate food, training, toys, routine and emergency medical care etc. (*approx. \$500+ per year*)?  Yes  No

How did you learn about SSOH?

- Friend/Family  Prior Supporter/Adopter  Newspaper  Drive by  Internet  Yellow Pages  
 Other: \_\_\_\_\_

Are you willing to sign a legal contract agreeing to pet owner responsibility?  Yes  No

*By my signature, I certify that the above information is complete and correct and that I am at least 21 years of age. I realize that any misrepresentation of fact may result in my losing the privilege of adopting an animal. I understand that SSOH has the right to deny my request for adoption. I authorize verification of all statements on this application including but not limited to prior vet medical history. I understand that this application is the property of SSOH who reserves the right to share this information with other shelters and rescue organizations.*

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date