

Hi 5 Dog Rescue Adoption Application Form

Tel: (510) 987-6310 Email: info@hi5dogrescue.org

You must fill out this form as completely as you can
The information you provide will help us finding the best match for you and your family

Date _____ Name(s) of Adopter _____

Street Address/PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Names of others in household (include ages of children) _____

Length of time at address _____ Own Rent Live with parents Military

House Condo Apartment Mobile Home Ranch/Farm/Vineyard Size restrictions? Yes No

Fenced Yard? Yes No If Yes – type of fence: _____

Landlord Name & Telephone _____ Ok to call Landlord? Yes No Later

How did you hear about our adoption program? Friend/Family Facebook Craigslist Other: _____

Please list your current veterinarian _____ City _____

CURRENT PETS	YOU & YOUR HOUSEHOLD	YOUR IDEAL DOG
<p>1 Type /Breed _____</p> <p>Name _____</p> <p>Age _____ Sex _____</p> <p>Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you been caring for this pet? _____</p> <hr/> <p>2 Type /Breed _____</p> <p>Name _____</p> <p>Age _____ Sex _____</p> <p>Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you been caring for this pet? _____</p> <hr/> <p>3 Type /Breed _____</p> <p>Name _____</p> <p>Age _____ Sex _____</p>	<p>1 Dog Experience</p> <p><input type="checkbox"/> First-time Guardian</p> <p><input type="checkbox"/> Have had one or two dogs</p> <p><input type="checkbox"/> Knowledgeable & experienced</p> <p>2 Time away from home</p> <p><input type="checkbox"/> Home all day</p> <p><input type="checkbox"/> Out part-time</p> <p><input type="checkbox"/> Away 7-10 hours daily</p> <p><input type="checkbox"/> Can bring dog to work</p> <p>3 Our dog will</p> <p><input type="checkbox"/> Live indoors only</p> <p><input type="checkbox"/> Live indoors/outdoors</p> <p><input type="checkbox"/> Live outdoors only</p> <p><input type="checkbox"/> Live in garage</p> <p><input type="checkbox"/> Be confined in a fenced yard</p> <p><input type="checkbox"/> Spend time in dog parks</p> <p>4 Home Atmosphere</p> <p><input type="checkbox"/> Chaotic Circus</p>	<p>Ideal Breed Type/Mix _____</p> <p>Adult Size</p> <p><input type="checkbox"/> 0-20 lbs (Small)</p> <p><input type="checkbox"/> 20-50 lbs (Medium)</p> <p><input type="checkbox"/> 50-100 lbs (Large)</p> <p><input type="checkbox"/> Over 100 lbs (Giant)</p> <p>Coat</p> <p><input type="checkbox"/> Short <input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long <input type="checkbox"/> No preference</p> <p><input type="checkbox"/> Non-shedding</p> <p><input type="checkbox"/> Allergies in household</p> <p>Age</p> <p><input type="checkbox"/> 8-16 weeks <input type="checkbox"/> Older</p> <p><input type="checkbox"/> 4-12 months <input type="checkbox"/> No preference</p> <p><input type="checkbox"/> 1-3 years</p> <p>Training</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Housetrained</p> <p><input type="checkbox"/> Some Obedience Training</p> <p><input type="checkbox"/> Fully Trained</p> <p>Exercise Requirement</p>

APPLICANT NAME:

Spayed/Neutered Yes No
 Kept Inside Outside Both
 How long have you been caring for this pet?

Controlled activities
 Spa retreat

Low Medium High
Sex
 Male Female No preference

PAST PETS – LAST FIVE YEARS

Type/Breed _____
 Name _____
 Age _____ Sex _____
 Spayed / Neutered Yes No
 Kept Inside Outside Both
 How long did you care for this pet?

Type/Breed _____
 Name _____
 Age _____ Sex _____
 Spayed / Neutered Yes No
 Kept Inside Outside Both
 How long did you care for this pet?

Type/Breed _____
 Name _____
 Age _____ Sex _____
 Spayed / Neutered Yes No
 Kept Inside Outside Both
 How long did you care for this pet?

PLEASE DESCRIBE THE IDEAL DOG TO FIT INTO YOUR LIFESTYLE

REFERENCES

Name:		Phone:	
Address:		Relationship:	
City, State, Zip:		Email:	
Name:		Phone:	
Address:		Relationship:	
City, State, Zip:		Email:	
Name:		Phone:	
Address:		Relationship:	
City, State, Zip:		Email:	

STAFF COMMENTS

Date _____ APPROVED _____ LANDLORD APPROVAL DATE _____