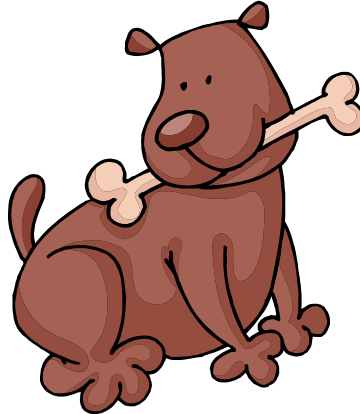


*Kind Hands Four Paws
Animal Outreach*

**PO Box 452
Zanesville OH 43702-0452
740-819-5328**



ADOPTION APPLICATION

Incomplete applications to adopt will not be accepted.

Your answers to these questions will assist us in determining the best homes for our Rescue dogs, and the best Rescue dog for your family. By applying for the adoption of a Rescue dog from our Rescue, you hereby give your Veterinarian(s) and other references permission to disclose information to KHFP Animal Outreach.

Signature is implied and assumed on e-mail & online Applications to Adopt.

NOTE: Due to our Volunteer status we may ask that you call us to assist with our phone expenses. We will either e-mail you asking that you call one of us, or we may call you asking that you please return our call. Thanks for your understanding and assistance in this matter. This will assist us in keeping our Adoption Fee/Donation lower.

Which dog are you applying for? _____

Full Legal Name : _____

Age: _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Occupation Applicant: _____

Employer: _____

Work Phone: _____

Work E-Mail: _____

Spouse Name: _____

Spouse's Occupation: _____

Employer: _____

Spouse's work phone: _____

Work E-Mail: _____

List 2 personal references (These would be a **Non Family Member**):

Personal Reference 1: _____

Phone Number: _____ Email: _____

Years Acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____

Personal Reference 2: _____

Phone Number: _____ Email: _____

Years Acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you live in: *House Apt. Trailer Other (explain)*

Do you: *Own Rent* (We require a copy of Landlord Statement/Lease Agreement for renters)

Previous Address: _____

Do you have a fenced yard?: _____

Kennel/run?: _____

Describe Fencing/Kennel: _____

If no, how will exercise/toilet be handled?: _____

How many adults in home and relationship to applicant(s)?: _____

Children in home?: _____

Ages: _____

Are there any family members who need special consideration for any reason?
Please explain:

Do you own any other dogs?: _____

Dog(s) name: _____

Are they spayed/neutered?: _____

Breed(s), Sex and Age(s) of other dogs: _____

Any other pets/livestock?: _____

List type, sex and age: _____

Who is your current veterinarian?

Address: _____

Phone: _____

Name and phone number of any other veterinarians you have used:

Name and phone number of any groomer's you have used: _____

How many dogs have you owned in the last 5 years?: _____

What breeds?: _____

What happened to your last dog?: _____

Briefly tell us why you would like a dog? (Continue on back for more room if needed):

What are your plans for this dog? *Pet* *Guard* *Hunting* *Obed.* *Other:*

Do you want: *Male* *Female* *Doesn't matter*

Your age preferences: *Under 2 yrs* *2-4 yrs* *4-6 yrs* *Over 6 yrs*

Where will the dog spend most of each day?: _____

Where will the dog sleep?: _____

How many hours will the dog be alone each day?: _____

What is your opinion on formal obedience training classes?

Do you agree to the following?

Keep current license and ID tags on dog at all times?: _____

Provide timely health care for dog?: _____

Restrain dog in open vehicle, i.e. pickup truck or convertible?: _____

Return dog immediately to KHFP if you can no longer keep or care for?:

Allow an KHFP agent to visit your home prior to and after adoption?: _____

Are you familiar with crate training?: _____

If so, what are your thoughts regarding crate training it?:

If KH4P doesn't consider the dog you originally selected as being suitable for your home, are you open to a different more compatible dog? _____

Further comments and/or information that you think might help us find the right pet for you, including more about your preferences and reasons for wanting a dog:

Signature Waiver:

A) I agree by initialing this line that typing my name in is the same as signing my name to this legal document.

(Applicant's initials)_____

B) I give permission for the KHFP Rescue Agent to type my name to this document, causing it to be same as my legal signature on this document.

C) **(Applicant's initials)**_____

Financial and Physical verification:

I hereby testify that I am financially and physically able to care for this dog. I understand that proper food, veterinary care, bedding, toys, crate and so on can be costly and I am able to meet these requirements. I further testify that I am physically fit to provide all necessary activities with my dog.

(Applicant's initials)_____

Truthfulness:

I understand that if the information contained herein is in any way found to be false, my application can be refused or said adopted dog shall be relinquished to KHFP Rescue without a refund of the adoption fee.

(Applicant's initials)_____

Adoption Fee Statement:

I understand that the adoption fee is non-refundable.

(Applicant's initials) _____

If at any time the adopter cannot keep the animal, it must be returned to KHFP Rescue. If the animal is not altered at the time of adoption, the adopter is required to alter the animal and provide a veterinary certification of altering to KHFP Rescue by the date specified in the adoption contract-- animal unaltered by the contractual date may be seized. In addition, each pet adoption is assessed a non-refundable donation, to help defray veterinary and other expenses.

By entering my name below, I acknowledge that I completely read this questionnaire, comprehend it fully, I am aware that applying does not ensure approval and that untruthful answers or failure to comply with the requirements of this application or the adoption contract can result in the forfeiture of any rescue dog adopted by me.

Signature: _____

Date: _____

For KHFP RESCUE USE ONLY Rescue:

Comments:

APPROVED

DISAPPROVED