



ANIMAL ADOPTION APPLICATION

***** Completion of this application does not guarantee adoption of a New Hope Animal Rescue Center animal *****

Name of applicant _____ Occupation _____

Name of Spouse/Significant Other _____ Occupation _____

Names (and ages) of children, if any _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Do you Own _____ Rent _____ If you rent, do you have your landlord's permission to have a pet? Y ___ N ___

Do you live in a House _____ Apartment _____ Condominium _____ Townhouse _____ Other _____?

Landlord's Name and Phone Number _____

What area(s) of the house will the dog be allowed into? _____

What area(s) of the house will the dog **NOT** be allowed into? _____

Why do you want a dog? (Check all that apply)

- House pet
- Companion for children
- Watchdog
- Other (specify) _____
- Companion for family
- Protection for home/family
- As a gift
- Companion for other pet
- Protection for business

Do you have other pets? (Specify number of each):

Dogs _____ Cats _____ Other _____

If you have any dogs or cats, are they spayed/neutered? Yes _____ No _____

Do you have a regular veterinarian? Yes _____ No _____

Vet's name _____ Name of Clinic _____ Phone _____

Does anyone in your household have allergies: Yes _____ No _____ What kind? _____

How would you train this dog? (**Check all that apply**)

- Obedience school
- Hit with newspaper
- Firm verbal commands
- Clicker/hand signals
- Positive Reinforcement
- Choke collar
- Other (specify) _____

Will you be committed to potty training if needed? Yes _____ No _____

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times? Yes _____ No _____

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes _____ No _____

If your dog were injured or ill, are you committed to take him/her to the vet? Yes _____ No _____

What would prevent you from keeping this dog? _____

FOR OFFICE USE ONLY

Animal Name _____ Date received _____

Signature _____

Date _____

New Hope Animal Rescue Center reserves the right to refuse adoption to any client for any reason.

This questionnaire becomes part of our contract.