

SAFETY NET SANCTUARY

187 Houck Road
Fleetwood, PA 19522
610-944-8099

DOG AND PUPPY ADOPTION APPLICATION 2025

First and foremost, thank you for your interest in adopting a new family member from Safety Net Sanctuary! By adopting a pet from Safety Net Sanctuary, you are helping to save even more animals in the future by making room for us to help others in need! We work hard to provide the best care and future for the animals entrusted in our care, so we want to make sure that each adoption is the best match possible for the pet and their new family, and that it is a match that will last for the pet's remaining lifetime! If you have what it takes and are willing to make a forever commitment to the pet you are interested in, please continue on with this application! We look forward to making a rewarding match!

Please provide detailed information for all questions and answer them with 100% honesty.

Our adoption fee includes the cost for vaccinations and other medical care; the spaying or neutering of the animal; microchipping, and an adoption service charge.

To qualify for adoption, you must:

- Be at least **21 years old** and have a **valid driver's license** or **state Identification Card** stating your current address;
- **Own your home** or be able to provide **proof of approval by landlord/property owner** ; and
- Have the necessary **means and ability** to provide adequate **time, money, care and love** to the adopted pet.

Please note: We reserve the right to refuse adoption to anyone. Please be advised that we will not adopt to persons who mislead or fail to provide accurate information on this application.

ALL QUESTIONS WITH AN ASTERISK (*) MUST BE ANSWERED EVEN IF SOME MAY NOT BE APPLICABLE TO YOU.

Name(s) of the pet(s) you are interested in adopting: *

I understand that if ANY information is found to be FALSE or INCOMPLETE, my application will be DENIED without notification. *

☐ Yes

I agree to allow Safety Net Sanctuary to obtain any and all pertinent information regarding my housing situation and care of my animals (if applicable). *

☐ Yes

Personal Information

Date of Application *

Month

Day

Year

Name *

First Name

Last Name

Date of Birth *

Month

Day

Year

Age? *

E-mail *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Phone Number *

Area Code

Phone Number

Cell Phone Number *

Area Code

Phone Number

Can you provide proof of residence? (Driver's License, ID, etc.) *

☐ Yes

☐ No

☐ Other, please explain:

Partner/Spouse's Name: *

Age? *

Current and Past Pets

Please fill out to appropriately describe the CURRENT pets in/at your home. *

	Dog	Cat	Rabbit	Potbellied Pig	Bird	Horse	Cow	Goat	Other	NO PETS
Pet #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet #4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet #5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet #6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet #7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet #8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the current animal(s) residing in/at your home indicated above, please list for each animal the species, breed, and age. *

Are all your animals Spayed/Neutered? *

- ☐ Yes
☐ No
☐ No, Medical Reason
☐ Some of my pets are altered and some are not
☐ I do not currently have any pets

If all your animals are not altered please explain why. If you do not have any animals currently please leave this section blank.

Please tell us about the animals you have owned in the past, who are no longer with you. *

Where will the pet mainly be residing? *

- ☐ Inside Home
☐ Outside
☐ Garage
☐ Barn
☐ Other, please explain:

When inside, how do you plan to keep your pet? Check all that apply. *

- ☐ Free inside house
- ☐ Confined to crate
- ☐ Inside a closed room
- ☐ Garage
- ☐ Crated only when no one is home
- ☐ Other, please explain:

When outside, how do you plan to keep your pet? Check all that apply: *

- ☐ N/A, indoors only
- ☐ Tie out chain
- ☐ Garage
- ☐ Patio area
- ☐ Invisible fence
- ☐ Fenced yard
- ☐ Outside dog run
- ☐ Leash and regular walks
- ☐ Loose in yard unattended
- ☐ Other, please explain:

Where will your pet be kept during the day when you are not home/ when you are home? *

Where will your pet be kept at night? *

How many of the animals listed above reside INSIDE your home on a permanent or semipermanent basis? *

Do any of your pets have strong DISLIKES? I.E.: Male dog who strongly dislikes other male dogs. *

Do any of your pets have strong LIKES? I.E.: Male dog who prefers and likes smaller dogs, verse dogs his own size or larger. *

Training and Behavior

Which of the following behaviors or characteristics present a problem for you? Check all that apply *

- ☐ Jumping on furniture
- ☐ Barking/howling
- ☐ Chewing on shoes/furniture
- ☐ Jumping on people
- ☐ Shedding
- ☐ Digging
- ☐ Poor leash manners
- ☐ Accidents in the house
- ☐ Other, please explain:

How do you plan to handle these issues should they become an issue? *

Will you consider taking your dog to training classes, if need be? *

Home Information

Do you Own or Rent your home? *

- ☐ Own
- ☐ Rent

What type of home do you have? *

- ☐ Single Family Home
- ☐ Condo
- ☐ Farm
- ☐ Mobile
- ☐ Apartment
- ☐ Other, please explain:

How long at your current address? *

If less than 2 years, what was your previous address? *

If renting, please include
landlord's information; name,
address, phone number, email
address. *

If you rent, does your lease
allow pets? *

- ☐ Yes
☐ No
☐ Don't know
☐ N/A I own my home

How many pets are allowed?

Breed or Size/Weight
Restrictions?

Would you allow a home check
to be performed by a Safety
Net Sanctuary staff member or
volunteer? *

- ☐ Yes
☐ No

Please describe general
home information; city,
suburbs, rural? house size?
acreage? stairs/no stairs? yard
size? ability to separate pets if
necessary? close to
neighbors? neighbors have
pets? *

Fenced in yard? *

- ☐ No fenced in yard
☐ Electric/underground fence
☐ Fully enclosed/fenced in yard
☐ 4ft fencing (chain link, privacy, mesh, etc.)
☐ 6ft fencing (chain link, privacy, mesh, etc.)
☐ Other, please explain:

Do you plan on moving in the
foreseeable future? If so,
where will you move, when and
why? *

Family Information

Please fill out to appropriately describe those who reside in your home. *

	Under 1yr old	1 - 4yrs old	5 - 7yrs old	8 - 11yrs old	12 - 14yrs old	15 - 18yrs old	18 - 25 yrs old	26 - 99 yrs old
Family Member #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member #4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member #5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member #6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member #7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member #8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list the names, ages, genders, and relationships of the people in your household. *

Are ALL members of your household aware of and in agreement with this adoption? If not, please list who is not in favor of the adoption and the nature of their concern or objection. *

General Adoption Information and Preferences

Have you ever been approved to adopt from a shelter or another rescue organization? *

- ☐ No, I have never applied
☐ No, I have been denied
☐ No, I have applied and never heard back
☐ Yes, I have been approved and adopted
☐ Yes, I was approved but I did not adopt
☐ Other, please explain:

If you have been approved for another rescue please list the rescue name.

Name of the Rescue

Why do you wish to adopt this pet? Check all that apply: *

- ☐ Love animals, want to help a pet in need
 - ☐ Companionship
 - ☐ My children will learn to be responsible for/care for another creature
 - ☐ Want to breed
 - ☐ Looking for guard dog for home/property
 - ☐ Companion for another pet
 - ☐ Outside pet
 - ☐ The animal is so cute I just can't leave it behind
 - ☐ Feel sorry for the animal
 - ☐ Pet passed away and ready to welcome new family member
 - ☐ Been looking for a specific breed/type and waiting to find one available to adopt
 - ☐ Gift for someone. If so, who?
-

What is your preferred level of exercise with the dog? Check all that apply: *

- ☐ Couch potato
 - ☐ Yard exercise
 - ☐ Short walks
 - ☐ Vigorous walks
 - ☐ Hiking/jogging
 - ☐ Long runs/strenuous exercise
 - ☐ Other, please explain:
-

What strong preference do you have in a dog or cat? Check all that apply. *

- ☐ Female
 - ☐ Male
 - ☐ Long hair
 - ☐ Short hair
 - ☐ Non-shed or hypoallergenic
 - ☐ Other, please explain:
-

Breed preference?

Size/Weight preference?

Age preference? *

- ☐ Puppy (8 weeks to 6 months)
 - ☐ Mature puppy (7 months to 1 year)
 - ☐ Young adult (1 year to 3 years)
 - ☐ Adult (3 years to 6 years)
 - ☐ Senior (7 years to 10 years)
 - ☐ Golden Years Senior (11 years & older)
 - ☐ Other, please explain:
-

Vet Care

Please ensure to call your vet and approve us to view your records

Who is your current veterinarian? Name, address, and phone number. If you owned an animal within the past 5 years *

Are your pets all current and up to date on routine care? *

- ☐ Yes
☐ No
☐ If no, please explain :

Are your pets all current and up to date on their annual vaccinations, INCLUDING their rabies shots? *

- ☐ Yes
☐ No
☐ If no, please explain:

Would you allow us to speak with your vet to obtain information on the health care of your pets? *

- ☐ Yes
☐ No

What do you consider routine care for your pets' wellbeing? *

Would you be getting Pet Insurance for your adopted pet(s)? *

- ☐ Yes
☐ No
☐ Maybe

Employment Information

Are you currently (check all that apply): *

- ☐ Employed full time (30 or more Hours a week)
- ☐ Retired
- ☐ Semi-retired
- ☐ Student
- ☐ Employed part time (Under 30 hours)
- ☐ Unemployed
- ☐ Other, please explain:

If employed, how many hours per week do you work on average?

If employed, name of employer, position/occupation, and length of time with employer: *

If a student, where?

Spouse/partner occupation:

Spouse/partner employer:

Spouse/partner length of time with employer:

How many hours per week does your spouse/partner work on average?

References

3 references are required and references should be UNRELATED to you. You must list references even if you currently don't own pets or if you have not previously owned pets. ALSO, PLEASE LET THEM KNOW THEY ARE LISTED AS YOUR REFERENCES AND TO EXPECT A CALL FROM ONE OF OUR VOLUNTEERS.

Please provide the name and phone number of your FIRST reference. *

Please provide the name and phone number of your SECOND reference. *

Please provide the name and phone number of your THIRD reference. *

Responsibility

Who will be primarily responsible for the care of the pet? How old? *

If your pet(s) were to survive you, what would happen to them? Who would take responsibility for them? Is the person listed aware of this? *

Have you ever taken a pet or pets to the pound or shelter? *

- ☐ Yes
☐ No
☐ If yes, why?

If you move in the future, what will you do with the pet(s) you plan to adopt? *

What would cause you to return the adopted pet to us at some time in the future? (Check all that apply): *

- ☐ Can't housebreak the pet
- ☐ Pet chews on furniture or is destructive
- ☐ Pet bites someone
- ☐ New pet doesn't get along with existing pet(s)
- ☐ Changed my mind about caring for pet
- ☐ Pet proves to be too much on top of caring for children
- ☐ Divorce, death of spouse/partner
- ☐ Found out I'm not a "dog/cat" person
- ☐ Pet develops a serious medical condition that I can't afford to treat
- ☐ Too much energy, hard to control
- ☐ Can't afford the pet
- ☐ Change in relationship, new love interest doesn't like pets
- ☐ Give birth to new baby, fear that dog/cat will harm him or her
- ☐ Kids go away to school, don't want to care for pet any longer
- ☐ Life changes such as new job
- ☐ Other, please explain:

If you are no longer able to keep the animal(s) you adopt, do you agree that you must return them to Safety Net Sanctuary? *

- ☐ Yes
- ☐ No

Are you willing to abide to Pennsylvania state law regarding animal care and containment? *

THE ANIMAL IN QUESTION IS BEING ADOPTED EXCLUSIVELY BY YOU, THE APPLICANT AT THE ADDRESS LISTED IN THIS APPLICATION.

Print name: _____

Signature: _____

Thank you for taking the time to complete this lengthy, in-depth adoption application. We hope you understand that we do so only to better serve those lives in our care and to ensure successful adoptions! We appreciate your complete honesty and transparency in filling out our adoption application and forms! SNS will do its best to review all applications in a timely fashion and keep interested parties fully informed of our decisions.

Safety Net Sanctuary is not responsible for preexisting medical conditions after adoption.

Applicants Initials