



ANGELS JOURNEY HOME ANIMAL RESCUE

4531 State Rt 51 N ▪ Belle Vernon, PA 15012
(412) 680-0393 ▪ www.angelsforeverydayheroes.org



DOG ADOPTION APPLICATION

NAME _____ TELEPHONE _____

ADDRESS _____

CITY _____ COUNTY _____ ST _____ ZIP _____

EMAIL _____ DRIVER LICENSE # _____



ACCOUNT NAME(S): _____

OWN _____ RENT _____ IF RENT, TYPE OF HOUSING (Apartment, Duplex, House) _____

IF RENT, LANDLORD NAME _____ PHONE # _____

*** Landlord must provide consent to bring this dog onto the property ***

Please list individuals who reside with you:

NAME	OCCUPATION	AGE	DOG ALLERGIES (Y or N)	ASSIST WITH CARE OF DOG (Y or N)

PERSONAL REFERENCES (MUST LIST THREE – AT LEAST TWO NON-RELATIVES)

Name _____ Relationship _____ Phone # _____

Address _____ City _____ ST _____ ZIP _____

Name _____ Relationship _____ Phone # _____

Address _____ City _____ ST _____ ZIP _____

Name _____ Relationship _____ Phone # _____

Address _____ City _____ ST _____ ZIP _____

VETERINARIAN

Name of Clinic/Office _____ Phone # _____

Address _____ City _____ ST _____ ZIP _____

EXPERIENCE WITH DOGS

Have you owned a dog(s) in the last 10 years? _____ Can you commit to caring for the dog its entire life? _____

Have you had a dog that didn't work out for you? _____ What happened to it? _____

Do you and other household members have enough time and resources to meet this dog's needs? _____

PET HISTORY

If you had/have any pets, please complete the chart about your past and current pets:

SPECIES/BREED	AGE	SEX	SPAYED or NEUTERED	HOW LONG	IF NO LONGER WITH YOU, WHAT HAPPENED TO THIS PET?

For current pets, do any have behavior problems? _____ Lived with other dogs? _____

Are your current pets up to date on vaccinations? _____ Are your current pets on flea/tick preventatives? _____

How often do your pets see a vet for testing/exams? _____

Are your dogs microchipped or licensed by the County? _____

FUTURE ENVIRONMENT

How many days / hours will the dog be left alone? _____

Where will the dog spend its time while alone? _____

Where will the dog be kept during the day? _____

Where will the dog sleep at night? _____

What type of exercise, socialization, or other interaction will this dog receive and how often? _____

Is your yard fenced? _____ Height _____ Square Feet _____ Construction Type _____

If not fenced, how do you intend on having the dog relieve itself? _____

Will you and the dog be taking obedience class? _____ What other activities? _____

How will the dog be cared for when you are on vacation? _____

Please provide any additional comments or explanations to above responses:

How did you hear about us? _____

ADOPTION / INDEMNIFICATION AGREEMENT

1. I certify that all information supplied on this application is true and accurate.
2. I understand that Angels Journey Home Animal Rescue (AJH) reserves the right to refuse adoption to anyone without giving reason.
3. I am at least 21 years of age.
4. I hereby give permission to contact any of the referenced names on this application.
5. A meet and greet with the dog to be adopted must be done prior to final adoption approval.
6. I agree to allow an AJH representative to visit my home by appointment, if required.
7. All veterinarian records must be supplied to AJH for the life of the dog.
8. An adoption fee of \$250 applies, unless otherwise agreed upon. Please note there will be NO adoption fee if the dog is not spay/neuter. AJH requires that the dog be spay/neuter within two (2) weeks at spay/neuter clinic that will be arranged by AJH, unless you prefer to have this completed by your veterinarian. Copy of these records must be sent to AJH.
9. Weekly photos to be provided as we like to see how the dog is progressing in its new loving home. These photos may be used on AJH Facebook page, website, or other publications. If you do not agree, please provide us with written comment advising not to use these photos publicly nor include you in our e-mail notifications.
10. All shots need to be administered with a copy of the records provided to AJH.
11. If not already actively microchipped, the dog must be microchipped within two (2) weeks of adoption date and Wendi Kraemer (412) 680-0393 noted as secondary contact. Copy of record must be provided to AJH.
12. Four feet high gates need to be installed at all doors immediately with photos e-mailed to AJH within 24 hours. (angelsjourneyhomerescue@gmail.com). Flimsy baby gates are not acceptable.
13. AJH provides a collar from Max & Neo as regular collars can be slipped easily. We require this collar be used or an approved harness by us for the safety of the dog.
14. AJH is not responsible for medical expenses after the dog leaves our location.
15. The dog must have access to water, light (no dark basements, sheds or barns), sanitary conditions and humane treatment. Animals may not be crated for extended periods of time or tethered outside.
16. I understand that if for any reason I cannot keep this dog, I will contact AJH to return for alternative placement. Failure to do so may result in prosecution and fines.
17. I agree to indemnify and hold harmless Angels Journey Home Animal Rescue, its Officers, Directors or Members, and Representatives, for any conduct, behavior or disposition of this dog after placement. Angels Journey Home Animal Rescue has undertaken no investigation with regards to the history or physical condition of this dog and makes no warranties or guarantees, express or implied, with regards to this dog, its background, suitability or compatibility.

Adopter Signature _____ Date _____

AJH Representative _____ Date _____

With sincere gratitude, THANK YOU for making a difference in this dog's life.