

Homes for Endangered and Lost Pets (HELP)
(877) 364-2286 www.helpinganimals.org
Dog Adoption Application page 1

Pet You Are Applying For:	Foster Home:
How were you referred to HELP:	
Why would you like to adopt an animal from us? Check all that apply	
<input type="checkbox"/> Companion for self	<input type="checkbox"/> Gift
<input type="checkbox"/> Companion for Child	<input type="checkbox"/> Watch dog
<input type="checkbox"/> Companion for another pet	
<input type="checkbox"/> Companion for another household member	

Applicant/Co-Applicant Information

Last Name:	First Name:	DOB:	
Last Name:	First Name:	DOB:	
Address:		Apt #	
City:	State:	Zip Code:	
Home phone:	Cell phone:	Co-applicant Cell:	
Email Address:			
Do you Own?	Rent?	Other living arrangements?	
At this address....	Years?	Months?	Do you plan to move?
Landlord/Condo Board Name:		Landlord/Condo Board Number:	

Family Household Information

Number of adults in household:	Relationships:
Number of children in household:	Ages:
Is the whole family in agreement to adopt a pet?	
Do you expect you current family situation to change?	
Is anyone in the house allergic to pets?	Who?

Employment Information

Employer:	Position held?	
Address:		
City:	State:	Zip Code:
How long have you been with this employer?		Work phone:

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them

Name	Type/Breed	Age/Gender	Spayed/Neutered	Where are they?

Have you ever given an animal away or relinquished an animal to a shelter?
 If yes, what were the circumstances?

Have you ever had to euthanize an animal? If yes, what were the circumstances?

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Dog Adoption Application Page 2

Veterinarian Information

Veterinarian's Name:	Veterinarian's phone:
When was your current pet's last visit to a veterinarian and why?	

New Pet Information

How long have you been looking for a pet?	
What will you feed your new pet?	How often will you feed your new pet?
How much time are you prepared to allow for your new pet to adjust to your new home?	
Are you able to afford a bill of \$200-\$800 or more for emergency vet care?	
How much do you expect to spend on maintenance for your pet in a year?	
Are you committed to providing a responsible loving home for your pet's entire life?	
If you have to move what do you plan to do with your pet?	
Who in the household will be the dog's primary care giver?	
When you are out of town who will be the dog's primary care giver?	
In case of emergency who will care for your dog?	
Where will the dog be kept during the day?	During the night?
How many times per day do you plan to take your dog outside?	
How do you plan to house train your dog?	
Do you have a fenced in yard?	If yes what size & type?
How many hours per day will your dog be left alone?	
What would you do if your dog develops a problem with: (you may use reverse side if needed)	
Digging _____	
Barking _____	
Chewing _____	
Separation Anxiety _____	
Aggression _____	

References

Please list 3 person references below.

1.			
	Name	Relationship	Phone Number
2.			
	Name	Relationship	Phone Number
3.			
	Name	Relationship	Phone Number

By signing below, I certify that the information I have given is true to the best of my knowledge. I understand that HELP reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application.

Signatures

Applicant:	Date:
Co-Applicant:	Date:

