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

Please email completed application to dogs@helpinganimals.org. THANKS!

| 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 | | | | | | | | | |
| Companion for self | | | | | Gift | | | | |
| Companion for Child | | | | | Watch dog | | | | |
| Companion for another pet | | | | | Companion for another household member | | | | |
| Applicant/Co-Applicant Information (must have information on all adults) | | | | | | | | | |
| Last Name: | | First Name: | | | | | DOB: | | |
| Last Name: | First N | First Name: | | | | DOB: | | | |
| Address: | | Apt # | | | | | | | |
| City: | | | State: | | | Zip Code: | | | |
| - | 1 | | Cell phone: | | | Co-applicant Cell: | | | |
| Email Address: | | | | | | | | | |
| Do you Own? | | Rent? | | | | ngements? | | | |
| At this address | | Months? Do you plan to move? | | | | | | | |
| Landlord/Condo Board Name: | | | | Landlord/Condo Board Number: | | | | | |
| Pet Deposit: | | | 1 | Weight L | eight Limit of Pet: | | | | |
| Family Household Information | | | | | | | | | |
| Number of adults in household: Relationships: | | | | | | | | | |
| | | | | | 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 for applicant | | | | | | | | | |
| Employer: | | | | City: | | | | | |
| How long have you been with this employer | | | | | Work phone: | | | | |
| Employment Information for co-applicant | | | | | | | | | |
| Employer: City: | | | | | | | | | |
| How long have you been with this employer? | | | | V | Work phone: | | | | |
| Pet Information | | | | | | | | | |
| Have you had pets in the past or do you currently have pets? Please tell us about them | | | | | | | | | |
| Name | Breed | | Age | /Gender | Spay | ed/Neutere | ed . | Date of last vet visit | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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? | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Homes for Endangered and Lost Pets (HELP) www.helpinganimals.org Veterinarian Information (required for past/current pets)

| Veterinarian's Name: Veterinarian's phone: | | | | | | | | |
|--|---------------------------------------|--|--|--|--|--|--|--|
| New Pet Info | rmation | | | | | | | |
| 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 plan on enrolling your pet in obedience training? If so, where? | | | | | | | | |
| Do you have a fenced in yard? If yes what size & type? | | | | | | | | |
| How many hours total will your pet be home alone, and will there be any breaks in between? | | | | | | | | |
| | | | | | | | | |
| AM PM breaks in between How many days per week | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Referen | 200 | | | | | | | |
| Keleren | ices | | | | | | | |
| DI 1: 42 C 1 1 | | | | | | | | |
| Please list 2 person references below. | | | | | | | | |
| | | | | | | | | |
| 1 | | | | | | | | |
| Name Relationship | Phone Number | | | | | | | |
| Name Relationship | Phone Number | | | | | | | |
| 2. | | | | | | | | |
| Name Relationship | Phone Number | | | | | | | |
| Name Relationship | I none rumber | | | | | | | |
| | | | | | | | | |
| 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: | | | | | | | |
| Oo Applicant. | Date. | | | | | | | |

Please email completed application to dogs@helpinganimals.org. THANKS!