

HTAS Name: _____ Breed: _____

HERO TAILS ANIMAL SANCTUARY

Dog Adoption Application

Dog's Name: _____ **Date:** _____

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Number of Adults in home: _____ Number of Children in home: _____

Ages of Children: _____

Are all of the adults in your home in agreement to adding a new dog? _____

Who will be the primary caregiver for your new dog? _____

Any allergies to animals in the family? Yes No

If something were to happen to you what is the plan for your pets? _____

Do you rent your home? _____ Landlord's name & phone #: _____

What type of home do you live in? Acreage House/Condo in town Apartment

Where will the dog stay if you need to go out of town? _____

Where will your dog stay during the day? _____

Where will your dog stay during the night? _____

Have you had dogs before? Yes No

What happened to them? _____

Have you surrendered or given away a pet? Yes No

If yes, please provide the reason: _____

Name & Phone # of your vet: _____

Please list any other pets in your household:

Name	Type/Breed	Age	Fixed	Gender