

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, please list the name and phone # of who will care 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