

Dog's Name: _____ Dog's ID #: _____

HERO TAILS ANIMAL SANCTUARY

Dog Adoption Application

Today's Date: _____

Applicant Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Number of Adults in Home: _____

Number of Children in Home: _____

Ages of Children in Home: _____

Are all adults in your home in agreement about adopting a new dog?

Yes No

If no, please explain: _____

Who will be the primary caregiver for the dog? _____

Is anyone in your household allergic to dogs? Yes No

If yes, please list the individuals and their allergies: _____

In the event of your death, please give the name and phone number of who would care for the dog:

Name: _____

Phone Number: _____

Do you rent your home? Yes No

If yes, Landlord's Name: _____

If yes, Landlord's Phone Number: _____

What type of home do you live in? Acreage Apartment House in Town

Do you agree to allow one of our volunteers to conduct a basic in-person home check of your property? Yes No

Do you have a fenced yard? Yes No

If yes, how tall is your fence? _____

Are there any holes or weak spots in your fence? Yes No

If yes, please explain: _____

If yes, do you plan to get your fence fixed? Yes No

If yes, when? _____

Where will the dog stay when you leave town? _____

Where will the dog stay during the day? _____

Where will the dog sleep at night? _____

How many hours a week do you work away from home? _____

How many hours a day will the dog be alone in your home? _____

How many hours a day will the dog be crated? _____

How many hours a day will the dog be outside? _____

Are dogs allowed on your furniture? Yes No

What methods of discipline are appropriate to use on dogs? _____

Is it ever okay to hit a dog? Yes No

If yes, please explain when: _____

Is it ever okay to use violence of any kind against a dog or pet? Yes No

If yes, please explain when it is appropriate: _____

Do you agree to keep the dog's AirTag collar on for a minimum of 1 year? This is for the safety of the dog you are applying for. We regularly receive calls about dogs that run off in the first few months of their adoptions and this helps us ensure the dog can be found in such an event. Yes No

Do you agree to pay the standard rescue adoption fee of \$300? 100% of adoption fees and donations go toward the food and medical care of our rescue dogs and enable us to continue saving lives. Our rescue cannot exist without the money brought in from adoption fees. Our rescue is 100% run by volunteers and no one financially profits from running and volunteering at our rescue. Yes No

Current Vet Name: _____

Current Vet Phone Number: _____

Have you ever explored the benefits of holistic medicine for pets? Yes No

The dog you are applying for is currently a registered patient at Animalkind Vet Clinic in Jacksonville, OR. Are you willing to make an appointment at Animalkind to learn how holistic medicine and a healthy diet will greatly benefit the dog you are applying for, including preventing common health issues such as arthritis and diabetes, as well as promoting a longer, healthier life span? Yes No

What kind of food will the dog's diet consist of? _____

Please list all other pets in your home:

Name	Breed	Age	Fixed?	Gender

Applicant Signature: _____

Date: _____