

## *Safely Home Canine Rescue, Inc. Adoption Screening Form*



### **PERSONAL INFORMATION**

Applicant: \_\_\_\_\_

Are you at least 21 years of age?

Co-Applicant: \_\_\_\_\_

Are you at least 21 years of age?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you interested in a particular dog? Who? \_\_\_\_\_

Have you ever completed an application at another Humane Society or Rescue organization?

If yes, provide their name, address and phone number: \_\_\_\_\_

### **EMPLOYMENT INFORMATION**

Applicant  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If less than one year, name and address of previous employer: \_\_\_\_\_

Co-Applicant  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If less than one year, name and address of previous employer: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

How many people in your household? \_\_\_\_ What is the relationship to you? \_\_\_\_\_

If there are children, what are their ages and gender? \_\_\_\_\_

Does anyone in the household have allergies? Explain \_\_\_\_\_

Describe the general activity and noise level of your household \_\_\_\_\_

Who is home during the day? \_\_\_\_\_ Do you operate a home day care?

What are your work hours? \_\_\_\_\_ Co-Applicant \_\_\_\_\_

**INFORMATION ABOUT YOUR HOME**

Do you own your home? \_\_\_\_ If renting, does your lease permit dogs? (Include copy in submission)

If renting, please provide the name and phone number of your landlord: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ If less than two years, give previous address:

Do you plan on moving soon? \_\_\_\_\_ If Yes, where and when? \_\_\_\_\_

What is your lot size? \_\_\_\_\_ Is it fenced?

Where will you exercise your dog while on a leash? \_\_\_\_\_

Where will you exercise your dog while off a leash? \_\_\_\_\_

Keeping in mind the yearly costs of maintaining a dog on high quality food, heartworm preventative, flea and tick preventative, vaccinations, parasite and heartworm checks along with possible emergency care that may occur during your dog's life, will this dog fit into your yearly family budget? \_\_\_\_\_

**YOUR DOG’S ACCOMMODATIONS**

Where will the dog be during the day? \_\_\_\_\_ At night: \_\_\_\_\_

When you are away overnight (boarding, house sitter, etc.): \_\_\_\_\_

How do you plan to confine the dog when you are away from your home daily? \_\_\_\_\_

Will there ever be a time when the dog will be left outdoors when no one is home?

Please explain: \_\_\_\_\_

Will you crate train your dog? \_\_\_\_\_

Are there any unusual circumstances to which the dog will have to adapt?

Please explain: \_\_\_\_\_

Are there any canine behaviors you are not willing to tolerate?

Please explain: \_\_\_\_\_

What activities will your dog have? \_\_\_\_\_

**YOUR PERSONAL FEELINGS ABOUT DOG OWNERSHIP**

Why do you want this dog? \_\_\_\_\_

\_\_\_\_\_

What do you feel are disadvantages to pet ownership? \_\_\_\_\_

\_\_\_\_\_

What do you feel are advantages to pet ownership?

\_\_\_\_\_

Other comments:

**PREVIOUS & CURRENT OWNERSHIP EXPERIENCE**

Have you owned a dog before?  
 Have you owned a cat previously?

Name	Breed	Age	Gender	Spayed or Neutered?	If No, why not?	# of years you had pet	What happened to pet?

**Note: It is our policy that all household pets must be altered prior to finalizing this adoption.**

Have you ever taken a dog through pet training class?                      Where? \_\_\_\_\_

When? \_\_\_\_\_ How many levels? \_\_\_\_\_

Please describe the type of training that was utilized at the class you attended:

\_\_\_\_\_

What skills were taught? \_\_\_\_\_

Did you agree with the training methods utilized at the training class?

Please explain: \_\_\_\_\_

If you have never taken a dog through pet training class, are you willing to?

**REFERENCES**

Veterinarian

What Veterinary Clinic do you plan on using? \_\_\_\_\_

Veterinarian’s name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is this your current Veterinarian?

**PERSONAL REFERENCES**

Two local individuals (not related to you who knows or has known your other animals (if possible, one of whom is a neighbor).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we visit your home? \_\_\_\_\_ When is a good time to visit? \_\_\_\_\_

**ABOUT YOUR AUTHORIZATION:**

**I understand:**

- Safely Home Canine Rescue, Inc., in an effort to ensure the best possible adoption of a pet, has the right to deny any adoption. Additionally, we have the right to conduct a home visit or telephone interview prior to the adoption and/or after the adoption to verify the wellness and safety of the pet.
- The adopter must be present and must be at least 21 years of age with proper proof of age
- Any pet over 6 months of age must be spayed/neutered prior to taking the pet home
- Any pet under 6 months of age must be spayed/neutered at the age of 6 months in order to prevent future unwanted pets otherwise you will agree to return the dog to us.
- Adoption fees must be paid in full prior to taking the pet home (cash or check only)
- Safely Home Canine Rescue, Inc, in an effort to ensure the best possible adoption of a pet, has the right to confirm the information provided on this form, including contacting landlords, references and veterinarians
- Safely Home Canine Rescue, Inc will not knowingly adopt a sick pet without disclosing health information and cannot guarantee the health of any pet

By signing below, I am confirming that I have read and understand the terms of this adoption agreement.

\_\_\_\_\_  
Applicant’s Signature Date

\_\_\_\_\_  
Co-Applicant’s Signature Date

Any falsifications or misleading statements on this form will result in a dismissal of your application.