

Print the form and write on it or complete the form by typing. Place your cursor in the NAME field and then you can tab through the entire form. If you decide to type, print before closing. Not all versions of the Actobat Reader program will allow you to save your entries.

THE HAVEN FOR DOGS, INC.

Mail Completed Form To:
The Haven for Dogs, Inc.
P.O. Box 22505
Lexington, KY 40522-2505

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/State: _____ Date of application: _____
Zip: _____

3. Are you adopting for:
 Yourself, only
 Friend/Relative
 Immediate family
 Business
 Other (Please explain)

4. Please check any of these reasons for adopting.

Family pet
 If Child's Pet Age(s) of Children:
 Adult Companion
 Gift
 Watch Dog (Bark Only)
 Guard Dog (Will Bite)
 Hunting
 Obedience Training/Showing
 Companion for Another Pet
 Working-Doing What
Other _____

5. If you currently own pets other than dogs, please list the species, and if they are spayed/neutered and vaccinated (if applicable)

6. Please check applicable living situations.

Own House
 Rent House
 Rent Duplex
 Own Condo/Townhouse
 Rent Apt/Condo/Townhouse
 Own Mobile Home
 Own Mobile Home Lot
 Rent Mobile Home
 Rent Mobile Home Lot
 Parent/Guardian Home
 Roommate's Home
 Other _____

7. If you rent, list the name of your apt/condo and landlord's name & phone number:

8. Where will the dog stay while owners are gone during work or school hours each day?

In Fenced Yard
 Outside in Pen/Kennel
 Outside-Unconfined
 Tied or Fastened on Run
 In Barn/Outside Building
 In Garage
 Crated
 Loose in Home
 Confined in Home
 Other _____

9. Where will the dog sleep at night?

- Free run inside of home
- In bed with owner
- Crate
- Confined to one room

- Outside unconfined
- Outside in fenced yard
- Barn/outside building
- Garage
- Other _____

10. Is your yard fenced*: Totally Partially Not at all

*If fenced, Please note type of fence:

11. Does anyone in the household have allergies to dogs? Yes No

12. Please list particulars of dogs now owned, or owned in the past 5 years:				
	Most Current	2nd	3rd	4th
What Breed?				
Male/Female				
Spayed/ Neutered				
Current Age				
Age When Acquired				
Age When Last Owned				
What Happened If No Longer Owned				
Up to Date on Vaccinations?				
Healthy?				
List Pet's Veterinarian				
Behavior Problems with This Pet?				

13. How much would you plan to spend on this pet each year (including food, extras, and vet care)?

\$75 - \$200 \$201 - \$400 Over \$400

14a. During the work week, how many hours per day will the dog be alone (at home without owners)? _____

14b. How many hours per day will the dog be alone on weekends or days off?

15. What problem(s) would constitute reason to give up your pet?

16. If you had to give up your pet for any reason, would you:

- Give it away
- Take it to the nearest shelter
- Return it to The Haven
- Sell it

17. Would you object to our verifying any of the preceding information? Yes No

18. Would you object to a visit to your home prior to adoption by an authorized representative of The Haven for Dogs, Inc.? Yes No

19. Would you object to a follow-up visit by an authorized representative of The Haven for Dogs, Inc.? Yes No

Thank you very much for filling out this questionnaire. It is not our intention to invade your privacy. Our purpose is to find a caring, responsible and permanent home for our animals. At the same time, we want to find a suitable pet for your to love and enjoy for many years.

Signature _____

Date _____

This adoption application will remain the property of The Haven for Dogs, Inc.

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