



hopesafehouse@gmail.com www.hopesafehouse.org fax: 262-898-1596

Office Use Only

Recv'd _____ @ ____ am/pm
via _____

Approved / Declined / Incomplete

Entered into Trackabeast _____

__ Dog Adoption __ Dog Foster Application

Date _____ Time _____ I am interested in: _____ (specify dog's name and breed type)

| <u>APPLICANT Information</u> | <u>CO-APPLICANT Information</u> |
|-----------------------------------------------------------|----------------------------------------|
| First Name _____ MI _____ | First Name _____ MI _____ |
| Last Name _____ | Last Name _____ |
| Maiden Name _____ | Maiden Name _____ |
| Date of Birth (DD/MM/YYYY) _____ | Date of Birth (DD/MM/YYYY) _____ |
| Driver's License # _____ | Driver's License # _____ |
| Cell Phone _____ | Cell Phone _____ |
| Home Phone _____ | Home Phone _____ |
| Work Phone _____ | Work Phone _____ |
| Email Address _____ | Email Address _____ |
| Street Address _____ Apt/Unit# _____ | Relationship with APPLICANT _____ |
| City _____ State _____ Zip _____ | |
| Rent _____ or Own _____ | |
| Length of time at current residence _____ Yrs. _____ Mos. | |

If you are renting, please list the name and phone number of your landlord: _____

Number of children in household ____ Ages _____

Number of adults in household _____

Please list names & birthdays of all adults in household

Previous Address (if current address is <1 year)

Street Address _____ Apt/Unit# _____

City _____ State _____ Zip _____

Length of time at this residence _____ Yrs. _____ Mos.

Employment

Applicant Employer: _____

Phone Number _____

Hours worked per week _____ Shift _____

Employed here for _____ years and _____ months.

Co-Applicant Employer: _____

Phone Number _____

Hours worked per week _____ Shift _____

Employed here for _____ years and _____ months.

VET HISTORY

****Please contact your vet clinics and release your pet's records to us ****

Current Pets: List all pet (canines and felines only) that you currently have. Indicate “None” if you currently have no pets.

| Pet Type <i>(Circle one)</i> | Name | Breed | Age | Length of ownership | Mainly Kept Inside or Outside? <i>(Circle one)</i> | Vet Clinic Used <i>List all clinics you have used with these pets.</i> | Clinic City & Phone Number |
|----------------------------------------|-------------|--------------|------------|----------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|
| Dog / Cat | | | | | In / Out | | |
| Dog / Cat | | | | | In / Out | | |
| Dog / Cat | | | | | In / Out | | |
| Dog / Cat | | | | | In / Out | | |

Past Pets: List all pets (canine and felines only) owned in the last 10 years. Indicate “None” if you’ve not had pets in the last 10 years. Do not include your parents’ pets.

| Pet Type <i>(Circle one)</i> | Name | Breed | Age | Length of ownership | Mainly Kept Inside or Outside? <i>(Circle one)</i> | Vet Clinic Used <i>List all clinics you have used with these pets.</i> | Clinic City & Phone Number |
|----------------------------------------|-------------|--------------|------------|----------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|
| Dog / Cat | | | | | In / Out | | |
| Dog / Cat | | | | | In / Out | | |
| Dog / Cat | | | | | In / Out | | |
| Dog / Cat | | | | | In / Out | | |

Please read and sign

I certify that all information I have given on this application is true. I understand that any false information, unanswered questions or omitted information may result in rejection.

I hereby give my authorization to release of the veterinarian / clinic records for all my pets (past and present), including but not limited to: examinations, vaccine history, tests, surgeries, clinics notes, etc. to H.O.P.E. Safehouse, Inc.

Signature _____ Date _____ Co-Applicant _____ Date _____

----- **OFFICE USE ONLY** -----

Verified: Address: _____ Employment: _____ Landlord: _____ File: _____

CCAP: Date/Initials: _____

Notes: _____

Vet Check:

Pet _____ (d/c): S/N: _____ UTD: Rabies: _____ FDRC: _____ Distemper: _____ Parvo: _____ HW prev: _____ Flea/tick prev: _____

Pet _____ (d/c): S/N: _____ UTD: Rabies: _____ FDRC: _____ Distemper: _____ Parvo: _____ HW prev: _____ Flea/tick prev: _____

Pet _____ (d/c): S/N: _____ UTD: Rabies: _____ FDRC: _____ Distemper: _____ Parvo: _____ HW prev: _____ Flea/tick prev: _____

Pet _____ (d/c): S/N: _____ UTD: Rabies: _____ FDRC: _____ Distemper: _____ Parvo: _____ HW prev: _____ Flea/tick prev: _____