## H.O.P.E. Safehouse 1234 Lathrop Ave Racine, WI 53405 (262) 634-4571



#### 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)

APPLICANT Information	CO-APPLICANT Information
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 AddressApt/Unit#	Relationship with APPLICANT
City State Zip	
Rent or Own	
Length of time at current residenceYrsMos.	

If you are renting, please lis	st the name and phone	Employment
number of your landlord:		Applicant Employer:
Number of children in hous Number of adults in house	eholdAges nold	<ul> <li>Phone Number</li> <li>Hours worked per week Shift</li> <li>Employed here for years and months.</li> </ul>
Please list <u>names &amp; birthda</u>	<u>ys of all adults</u> in household	Co-Applicant Employer:
		Phone Number Hours worked per week Shift Employed here for years and months.
Previous Address (if c	urrent address is <1 year)	
Street Address	Apt/Unit#	_
City	StateZip	
Length of time at this reside	enceYrsMos.	
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Please answer the following quest	ions:		(Circle answer)				
How long will the dog be left alone on a daily basis?			Where will the dog be kept during the day? Crate / Basement / Loose in house / Loose in yard / Penned				
Who will be responsible for feeding, t and vet care			outdoors / Fenced outdoors / Tied outdoors / Other (Please explain):				
Does anyone go home for lunch?	YES	NO					
Do you have an outside run?	YES	NO	Where will the dog be kept at night?				
Do you have a fenced in yard?	YES	NO	Crate / Basement / Loose in house / Loose in yard / Penned				
Do you have a dog house?	YES	NO	outdoors / Fenced outdoors / Tied outdoors / Other (Please				
Do you have a training crate?	YES	NO	explain):				
Do you have a tie out for the dog?	YES	NO					
Do you or anyone in your household	have allei	gies to	Where will the dog be kept when you are gone?				
pets?	YES	NO	Crate / Basement / Loose in house / Loose in yard / Penned				
Will this be your first dog?	YES	NO	outdoors / Fenced outdoors / Tied outdoors / Other (Please				
Have you attended dog training class	es? YES	NO	explain):				
Are you be willing to go if mandated?	YES	NO					
Have you ever had to get rid of a pet	? YES	NO	Where will the dog be kept during bad weather?				
If yes, please explain:			Crate / Basement / Loose in house / Loose in yard / Penned				
			outdoors / Fenced outdoors / Tied outdoors / Other (Please				
			explain):				

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### **VET HISTORY**

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

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

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

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 (Circle one)	Name	Breed	Age	Length of ownership	Mainly Kept Inside or Outside? (Circle one)	Vet Clinic Used List all clinics you have used with these pets.	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-Appl		Date				
OFFICE USE ONLY								
Verified: Address:		_ Employment:		Landlord	:	File:		
CCAP: Date/Initials:								
Notes:								
Vet Check:								
Pet	(d/c) <b>:</b> S/N:	UTD: Rabies:	FDRC:	Distemper:	Parvo:	HW prev:	Flea/tick prev:	
Pet	(d/c) <b>:</b> S/N:	UTD: Rabies:	FDRC:	Distemper:	Parvo:	HW prev:	Flea/tick prev:	
Pet	(d/c) <b>:</b> S/N:	UTD: Rabies:	FDRC:	Distemper:	Parvo:	HW prev:	Flea/tick prev:	
Pet	(d/c) <b>:</b> S/N:	UTD: Rabies:	FDRC:	Distemper: _	Parvo:	HW prev:	Flea/tick prev:	