



www.SgtPeppersLonelyHeartsDogRescue.com

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Spring Hill, FL 34608
(857) 210-4421

Adoption Application

Personal Information:

Date: _____

Are you 18+ years of age? Yes NO

Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Household Information:

Do you live in: House Condo Townhouse Apt. Do you: Own Rent

If you rent, are animals allowed: Yes No What restrictions, if any, do you have on animals in your home?

If you rent, or reside in another persons home, please provide their name & number so we can verify foster animals are allowed:

Number of children in your household & their ages: _____

Do you have a yard: Yes No Is the yard completely fenced: Yes No If yes, how tall? _____

Your typical day: Home all day Out part-time Gone 7-10 hours daily

Household Pets:

How many pets live in your home. Dogs _____ Cats _____ Birds _____ Other _____

Are your pets: Indoor only Outdoor only Both

Are all your pets current on vaccinations: Yes No If not, please explain why: _____

Are all your pets spayed and/or neutered: Yes No If not, please explain why: _____

Your vet and office name: _____ Phone number: _____

If you have had pets in the past, please explain what happened to them. (check all that apply)

- Died of old age
- Fatal Disease
- Ran away/ Disappeared / Lost
- Stolen
- Hit by a car
- Re-Homed

Have you ever turned a pet into a shelter, If yes, please explain?

Please specify breed, age & disposition of pets living in your home. _____

Where will your new dog be kept (please be specific)

During the day while you are home: _____

During the day while you are not home: _____

At night: _____

How do you plan to provide exercise for your new dog? (check all that apply)

- Leash walk every day
- Will have a cable or dog run in the yard
- Will be free to roam in fenced in yard
- Will have supervised access to an unfenced yard
- Will be free to roam around
- Will take to dog park

How do you plan to introduce/ integrate your new dog with your current pets? (please be very specific)

Are you prepared to spend several weeks, potentially months, waiting for your new pet to adjust to their new environment?

Yes No

Do you anticipate any major changes in your life that could adversely affect a new pet, such as a move, new baby, change of job/ schedule, in the next year? Two years? Five Years? Please explain:

Why are you interested in adopting this pet? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Companion for self | <input type="checkbox"/> Companion for other pet |
| <input type="checkbox"/> Companion for family | <input type="checkbox"/> For breeding |
| <input type="checkbox"/> Gift | <input type="checkbox"/> For protection |
| <input type="checkbox"/> For child | <input type="checkbox"/> Replace previous pet |
| <input type="checkbox"/> Other (please specify) _____ | |

Is this your first pet? Yes No

If no please list previous pets not already mentioned & duration of care for them:

Does anyone in your home have any pet allergies? _____ Yes _____ No

If yes, please explain: _____

Who will be the primary caregiver for your new pet? _____

Number of people in household, total: _____ Number of Adults: _____ Number of Children: _____

Age(s) of children: _____ Age of person adopting: _____

Which dog/puppy are you applying to adopt? _____

What, if any, experience do you have with this breed? _____

I agree to/ understand that prior to adoption approval, potential adopters are subject to a home visit as well as meet & greet with other pets: _____ Yes _____ No

Printed name

Signature

Date