

CANINE

**Animal H.O.P.E. Alliance**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of pet(s) you are interested in: \_\_\_\_\_.

How did you hear about A.H.A. and/or this pet? \_\_\_\_\_

**ABOUT YOUR HOUSEHOLD**

Are all the pets present in your household up to date on their vaccinations? YES NO

Do you plan on ear cropping, tail cropping or debarking the dog you wish to adopt from A.H.A.? YES NO

If yes, why? \_\_\_\_\_

Are ALL household members in complete agreement to adopting and caring for a dog? YES NO

Do any of your family members have pet allergies? YES NO

**ABOUT YOUR HOME**

Do you own or rent? OWN RENT

If you rent, do you have permission of your landlord to keep a dog? YES NO

Your landlord's name and phone number: \_\_\_\_\_

May we have permission to contact your landlord? YES NO

Will your dog be: Indoor Only Indoor/Outdoor Outdoor Only

How will your dog be contained when outside? \_\_\_\_\_

**YOUR EXPERIENCE WITH PETS**

If your previous pet(s) died, give age and cause of death: \_\_\_\_\_

Have you ever had to relinquish a pet? YES NO If yes, what were the circumstances? \_\_\_\_\_

Veterinarian's name and phone number: \_\_\_\_\_

**CARING FOR YOUR DOG**

Who will be the primary caretaker of the dog? \_\_\_\_\_

Are you willing to take your dog to a veterinarian for an annual physical and vaccinations? YES NO

Are you willing to provide regular flea/tick control? YES NO heartworm control? YES NO

Are you willing to scoop up after your dog? YES NO

**GENERAL AGREEMENT**

**I am at least 21 years of age. All of the information I have given is true and complete. I understand that A.H.A. has the right to refuse my application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date