



NO HOUND UNHOMED

Adoption Application

Contact Information

Full name:

Occupation:

Address:

How long at this address:

Daytime Phone:

Evening Phone:

Best time to call:

Email address:

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:
(by providing this information you are allowing PPPR to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? Yes No

Is everyone in agreement with the decision to adopt a dog? Yes No

Do you have time to provide adequate love and attention? Yes No

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? Yes No

Are these pets spayed/neutered? If not, why? Yes No

Have you every surrendered a pet? If so, why? Yes No

Have you ever had a pet euthanized? If so, why? Yes No

Have you ever lost a pet to an accident? Yes No

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name:

Clinic Name:

Clinic Address:

Clinic Phone:

(Providing NHU with this information you are allowing NHU to call your vet. Please call your vet and ask them to authorize the release of information to NHU.)

Pet Preferences

Desired age:

Desired Size:

Desired breed:

Breed you would not adopt:

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog

 dog that needs regular medication dog that needs training

 dog that needs grooming None of these

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone?

Who will have primary responsibility for this dog's daily care?

Who will have financial responsibility for this dog?

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact NHU if you can no longer keep this dog? Yes No

Are you willing to let a representative of NHU visit your home by appointment? Yes No

How did you hear about NHU?

Would you be interested in fostering? Yes No Would like to know more

Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)