

**Shultz's Guest House
Adoption Application**



Email adopt@sghrecue.org

PERSONAL INFORMATION

Name:

Address:

City:

Zip Code:

Daytime Phone:

Evening Phone:

E-Mail Address:

Date of Birth for Potential Adopter(s):

House or Apt:

Length of Residency:

Own or Rent:

If renting, landlord's name, address and phone number:

Please describe your neighborhood? Is your home in a city, town, country, or suburbs?

Are you employed?

Length of employment:

Occupation:

Name of Employer:

What are your work hours?

What are other household members work hours?

How many hours a day will your dog spend alone?

Household:

Number of Children/Ages:

Are you or any members of your household allergic to animals? If YES, please describe:

Do you travel for business or vacation?

If yes, who will provide for your animal(s) while you are away?

Have you considered the daily expenses for maintaining an animal (food, vaccinations, monthly heartworm preventative, monthly flea/tic preventative, unexpected medical expenses, grooming, obedience classes, etc?)

Are you applying for a specific dog? Please name:

Can you bring all family members and pets to meet the dog you are considering?

If no, why not??? _____

May we visit your home as part of the pre-adoption process?

Do you agree to license and provide total health care for this dog?

Are you willing to return your dog to Shultz's Guest House if you cannot keep your dog?

Willing to adopt:

Outgoing dog:	Yes	No
Dog that needs regular medication:	Yes	No
Dog that needs grooming:	Yes	No
Shy Dog:	Yes	No
Dog that needs training:	Yes	No
None of These:	Yes	No

Desired Sex: Spayed Female Neutered Male No Preference

Information about Your Current Pets

Current Pets (Please complete the following information for all animals living in your home):

Dog(s):
Breed:

Sex:

Age:

Disposition:

Length of Ownership:

Cat(s):

Other:

Are your current pets:

spayed/neutered?

current on vaccines, heartworm prevention and flea/tick prevention?

Name of Veterinarian:

Phone of Veterinarian:

If you have NOT owned a pet recently please list the name of the veterinarian you used when you owned your last pet or one you are planning on using.

List the Names, Addresses and Phone Numbers of two references (non-family members) we may call who can attest to your suitability as an adopter.

1.

2.

Where will the dog spend its day?

Where will this dog spend its night?

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

Fenced Yard:

Type of Fence:

Fence Height (in Feet)

Do you intend to crate this dog?
If so, When, Why and for How much time?

How would you train/discipline your pet:
Please Describe:

We encourage adopters to consider their own needs, preferences, and capabilities before adopting any dog.

Applicant must be at least 21 yrs.old to adopt one of our dogs.

Signature of Potential Adopter

Date