

# Hallie Hill Animal Sanctuary

## Dog Adoption Application Form

Thank you for your interest. Completion of this form does not guarantee that you will receive an animal from us. The information you are providing will be used to determine if we have a suitable animal for your lifestyle.

Please return your application to: Hallie Hill PO Box 508 Ravenel, SC 29470 or [jennifer\\_middleton1286@yahoo.com](mailto:jennifer_middleton1286@yahoo.com)

Date: \_\_\_\_\_ Which dog are you interested in? \_\_\_\_\_

Name: \_\_\_\_\_ Phone #s \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License# and State: \_\_\_\_\_

Are You  Married  Single If Married, Spouses Name: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Please list the names and ages of people living in your household (include yourself). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to adopt a dog? \_\_\_\_\_

Does anyone in your house have allergies to animals? \_\_\_\_\_

Where do you live?  House  Apartment  Condo  Mobile Home

Do you  own or  rent? How long have you lived there? \_\_\_\_\_

If you rent, please provide landlord's name: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

Do you have a fence? Y or N if yes, Type: \_\_\_\_\_ Height: \_\_\_\_\_

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

How much time will the dog be left alone? \_\_\_\_\_ Where will the dog stay during

the day? \_\_\_\_\_ Where will the dog sleep? \_\_\_\_\_

Where will the dog live?  Inside  Outside  Inside/Outside

Have you ever adopted a dog/puppy before? Y or N If yes, describe the circumstances.

\_\_\_\_\_

\_\_\_\_\_

Other pets **currently** owed:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Altered? Y or N

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Altered? Y or N

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Altered? Y or N

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Altered? Y or N

Are all current pets up to date on their vaccines? Yes No Unsure

List **previously** owned pets in the last 10 years and why you no longer have them.

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Reason: \_\_\_\_\_

Name of current (or previous) veterinarian: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

How do you correct unwanted behaviors in a dog? Please give an example. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to allow a rescue member to visit your home by appointment before and/or after adoption?

Y N

Please add any other information you wish us to consider for possible placement of a dog with you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I declare that the above is true to the best of my knowledge and ability. I authorize the veterinarian listed above to release medical information of my current or previous pets.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date