

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: HHAS 5604 New Road Hollywood, SC 29449 or email to: info@halliehill.com

Date: _____ Which dog are you interested in? _____

Name: _____

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: _____

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 and 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

Will the dog need to go up and down stairs? Yes No

Other pets **currently** owed:

Name: _____ Breed: _____ Sex: ____ Age: ____ Altered? Y or N

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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