

DOG ADOPTION APPLICATION

WELCOME TO THE ANIMAL HOPE PET ADOPTION at the Animal Hospital of Southwest Fort Worth! Adopting a companion animal is a major commitment and a responsibility that should be taken seriously by all members of your family. The animals available for adoption at the Animal Hope Pet Adoption are animals that we have rescued from Fort Worth Animal Control.

In order to be considered as an adopter today you must:

1. Be 18 years or older
2. Have identification showing your present address
3. Have the knowledge and consent of all adults living in your household
4. Be able and willing to spend the time and money necessary to provide the training, medical treatment, and proper care for the companion animal
5. Have the cash or credit card to pay an adoption fee
6. Understand that AHPA has the right to deny or approve your adoption application

Please print or write legibly all your responses:

DATE _____	NAME _____	RESIDENCE PHONE _____		
ADDRESS _____	CITY _____	ZIP _____		
HOW LONG AT THIS ADDRESS _____	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT			
LANDLORD'S NAME _____	LANDLORD'S ADDRESS _____			
LANDLORD'S PHONE _____				
PLACE OF EMPLOYMENT _____	BUSINESS PHONE _____			
NUMBER OF ADULTS IN HOUSEHOLD _____	CHILDREN _____	AGES _____		
WHO WILL BE RESPONSIBLE FOR YOUR DOG: _____				
COMPANION ANIMALS CURRENTLY IN YOUR HOUSEHOLD:				
Type of Animal	Spayed / Neutered	Kept Where	Time Owned	Age
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
OTHER: _____				

LIST YOUR PREVIOUS COMPANION ANIMALS:

Type of Animal Spayed / Neutered Kept Where Time Owned Age What Happened to the Animal (s)

1. _____ Yes No _____ _____ _____ _____

2. _____ Yes No _____ _____ _____ _____

OTHER: _____

NAME AND ADDRESS OF YOUR CURRENT VETERINARIAN:

WHERE WILL YOU KEEP YOUR DOG? (Check all that apply): House Kennel

Chained Fenced Yard Fenced Run Garage Patio

Other: _____

HOW MANY HOURS WILL YOUR DOG SPEND ALONE:

_____ WEEKDAYS _____ WEEKENDS

HOW LONG WILL YOU ALLOW FOR THE DOG TO ADJUST TO ITS NEW HOME:

IF YOU HAD TO GIVE UP THE ANIMAL, WHAT WOULD YOU DO WITH IT?

WHAT BREED DO YOU WISH TO ADOPT: _____ **SEX:** _____ **AGE:** _____

IN A SHORT SUMMARY, PLEASE WRITE WHY YOU WOULD LIKE TO ADOPT AN ANIMAL FROM US:

CAN YOU KEEP YOUR NEW DOG / PUPPY ISOLATED FROM EXISTING PETS FOR AT LEAST A WEEK? Yes No

DO YOU WANT THE DOG FOR A (Check all that apply): Companion

Companion for your other Animals Breeder Fighting Dog Watch Dog

Guard Dog Gift / For Whom? _____

DO YOU REALIZE YOU WILL PROBABLY HAVE TO HOUSETRAIN YOUR NEW PUPPY OR DOG? Yes No

WOULD YOU LIKE INFORMATION ON HOW TO HOUSETRAIN A PUPPY OR DOG? _____

IF ADOPTION AN ADULT DOG, HOW MANY TIMES A DAY WILL YOU EXERCISE IT?

WHAT FORM OF EXERCISE WILL YOU PROVIDE FOR YOUR DOG?

WHAT WILL YOU DO IF YOUR DOG SHOWS DESTRUCTIVE BEHAVIOR?

DO YOU PLAN TO TAKE YOUR DOG TO OBEDIENCE CLASSES? ___Yes ___No

WILL YOUR DOG BE KEPT AT HOME OR WORK? _____

WHAT TYPE OF BALANCED NUTRITION WILL YOU PROVIDE FOR YOUR PET?

ARE YOU FAMILIAR WITH HEARTWORM DISEASE? ___Yes ___No

DO YOU REALIZE THAT DOGS OFTEN LIVE LONGER THAN 10 YEARS AND ARE YOU WILLING TO ASSUME RESPONSIBILITY FOR THAT LONG? ___Yes ___No

WHERE DID YOU HEAR ABOUT AHPA'S PROGRAM?:

___Friend ___Relative ___Newspaper ___Internet ___Other: _____

THE ANIMAL HOPE PET ADOPTION RESERVES THE RIGHT TO REFUSE ADOPTION TO ANYONE.

I CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

ADOPTOR SIGNATURE: _____ DATE: _____