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Office Use Only..

Animal Name: _____

Date: _____

ID#: _____

Destiny's Hope Animal Rescue

ANIMAL ADOPTION APPLICATION

Completion of this application does *not* guarantee adoption of a Destiny's Hope Animal Rescue

About You...

Name of applicant _____ Occupation _____ Age _____

Name of Spouse/Significant Other _____ Occupation _____

Names (and ages) of children, if any _____

Street Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Do you live in a House Apartment Condominium Townhouse/Duplex Other

Do you Own or Rent If you rent, does landlord permit pets? Yes No

Landlord's Name and Phone Number _____

Your Home...

How much of the time will the pet be outdoors? _____

How much of the time will the pet be indoors? _____

How much time will the dog be left alone? _____ Where will it be left alone? _____

What area(s) of the house will the pet be allowed into? _____

Where will the pet sleep at night? _____

Do you have a fenced yard? Yes No If so, how high is the fence? _____

What type of fence? _____ Are the gate(s) normally locked? Yes No

Do you have a pool? Yes No If so, is it fenced separately from the yard? Yes No

About your Pets...

Why do you want a pet? (Check all that apply)

House Pet Companion for family Companion for other pet Companion for children
 Protection for home/family Protection for business Watchdog As a gift Other
(Specify) _____

Other pets (Specify number of each): Dogs _____ Cats _____ Other _____

If you have any dogs or cats, are they spayed/neutered? Yes No

What pets have you had in the past? _____

What happened to the ones you no longer have?

What would happen to the pet if you moved?

Locally?

Out of State?

Vet Services...

Do you have a regular veterinarian? Yes No If so, vet's name _____

Name of Clinic _____ Phone number _____

_____ Please initial if you are willing to allow us to contact your Veterinarian for a reference.

What are your plans for a medical emergency?? Not all of us are financially able to handle the immense vet bills that can incur

Allergies...

Does anyone in your household have pet allergies: Yes No If so what kind? _____

Training your Pets...

How would you train your pet? (Check all that apply)

- Obedience school Hit with newspaper Clicker/Hand signals
 Firm verbal commands Other (specify) _____

Dog Hair...

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times? Yes No

Pet Care and Commitment...

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes No

Are you able to make long term commitments to care for your pet for its entire life span, which could be as much as 10-20 years? Yes No

Under what circumstances would you not be able to keep this pet?

Adoption Requirements-

20 year commitment to the animal, you must be a U.S. Citizen or permanent resident, you must allow a home visit (a Destiny's Hope Animal Rescue representative to visit your home prior to adoption.)

Do you understand and agree to the adoption requirements? Yes No

By signing this application you are agreeing that all information provided is true and accurate.

Signature _____ Date _____

Destiny's Hope Animal Rescue reserves the right to refuse adoption to any Client for any reason. This questionnaire becomes part of our contract.