



PO Box 921 Fogelsville, PA 18051

dogadoptions@thesanctuarypa.org

DOG: _____

CANINE GUARDIANSHIP APPLICATION

A 501 (c) (3) Non-Profit/No-Kill/Tax Deductible Organization

In an effort to assure a more satisfactory guardianship, we ask for your cooperation in the completion of this application. Just as there are guidelines for the adoption of a child, so are there guidelines for the placement of animals. Although The Sanctuary at Haafsville eagerly seeks the prompt placement of its animal residents, experience has shown that some situations are not consistent with the welfare of the animal. An unsatisfactory placement can result in an unpleasant experience for your family and many times can traumatize the pet. We reserve the right to refuse any placement we consider unsatisfactory. This is not a reflection on you personally, but simply that a particular pet may not do well in your situation. We feel our experience in this area must be our guide to a successful placement.

In order to be considered as a guardian, you must first:

- Be at least 18 years old
- Have a valid Photo I.D. showing your current address
- Have notarized consent from your Landlord/Homeowner if you rent

Please understand that The Sanctuary at Haafsville has the right to verify all information on this application, including a home visit, personal reference, and vet check.

Name: _____ Driver's License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email address: _____

Reference: _____ Contact Number: _____

Primary Veterinarian: _____ Contact Number: _____

Secondary Veterinarian: _____ Contact Number: _____

*****Please contact your vet(s) and give them permission to speak with a member of our adoption team.*****

I own Home _____ Rent _____ Live with parents _____ Other: _____

Landlord's or Parent's Full Name: _____ Contact Number: _____

My home is a(n): House _____ Apartment _____ Townhouse _____ Mobile Home _____

Household: Number of Adults _____ Adult's Ages _____; _____; _____; _____; _____; _____

Household: Number of Children _____ Children's Ages _____; _____; _____; _____; _____; _____

Why do you want this companion animal? _____

Do you believe in spaying/neutering pets? Yes _____ No _____

Have you used any of the services of The Sanctuary at Haafsville before? Yes _____ No _____

What services did you utilize? _____

Please list pets that you have now or have had within the past 5 years:

Name and Type (Cat/Dog/Other)	Age	Sex (M/F)	Neutered? (Yes/No)	Kept Where? (Indoor/Outdoor)	Pet's Current Status (Alive/Deceased/Rehomed/etc.)

Signature: _____ Date: _____

Sanctuary Witness: _____ Date: _____

Dog Adoption Questionnaire and Household Information

What traits are you looking for in a dog? (check all that apply)

- | | | |
|---------------------------------------|------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Playful | <input type="checkbox"/> Energetic | <input type="checkbox"/> Off leash walk/play |
| <input type="checkbox"/> Protective | <input type="checkbox"/> Active/Hike | <input type="checkbox"/> Able to travel/vacation/camp |
| <input type="checkbox"/> Lazy | <input type="checkbox"/> Swim/Boat/Beach | <input type="checkbox"/> Therapy dog/Emotional support |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Good with kids | <input type="checkbox"/> Able to be in crowds |
| <input type="checkbox"/> Mellow | <input type="checkbox"/> Good with cats | (sports/games/fields/etc.) |

Who will be the primary caretaker of the dog? _____

Will your dog routinely be left alone during the day? Yes _____ No _____

If yes: How many days during the week? _____ How many hours per day? _____ On weekends? _____

Where will your pet be kept? Indoors _____ Outdoors _____

Where will your dog be while home alone? _____

Do you use a crate? Yes _____ No _____

Where do you plan to keep your dog overnight? _____

Do you plan on going on vacation in the next month? No _____ Yes _____ = if yes, when? _____

Where will your dog be while you are on vacation? _____

How would you describe the activity level of your home? Busy/active _____ Moderate _____ Quiet/occasional guests _____

What type of exercise/playtime do you engage in with your dog? _____

Is your yard fenced? No _____ Invisible _____ Partial _____ Yes _____ = if yes, fence height is _____ feet

Have you ever house broken a dog? Yes _____ No _____

What are your "deal breaker" behaviors that would cause you to return a dog? (frequent accidents, guarding, barking, biting, etc.) _____

Have you ever relinquished or rehomed a dog or cat before? Yes _____ No _____

If yes, what were the circumstances? _____

How will you train your dog? Individual _____ Classes _____ Individual Trainer _____

What types of training exercises/strategies/devices will you use? _____

If behavioral issues arise, will you be willing to participate in a structured training program over the course of several weeks if needed? Yes _____ No _____

Regarding a training program, what is your expected total budget for training classes or a program? \$ _____

Does anyone in your household have animal allergies or asthma? _____

How often do you anticipate seeing a veterinarian? _____

How long do you anticipate living in your current home? _____

What would you do with your dog if you can no longer care for it? _____