ALL HUMANE ANIMAL RESCUE, INC.

781 RINGWOOD AVE WANAQUE, NJ 07465

(973) 616-8569

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DOG ADOPTION APPLICATION

YOUR NAME:		
ADDRESS:		
PHONE: CF	ELL#: E-MA	IL:
RESIDENTIAL INFOR	RMATION	
4. FENCING: NO FAMILY INFORMAT	DENCE: 0-5YRS	

2. IS ANYONE ALLERGIC: NO YES 3. WHAT KIND OF TEMPERAMENT ARE YOU LOOKING FOR IN A
DOG?
4. WHO WILL BE THE PRIMARY RESPONSIBLE PERSON-
5. DAILY WORK HOURS OF PRIMARY CARETAKER-
6. WILL YOU OBEDIENCE TRAIN? YES \(\subseteq \text{NO} \subseteq \)
7. DO YOU HAVE A TRAINING FACILITY IDENTIFIED? YES NO
IF YES, PLEASE PROVIDE NAME:
ADOPTION INFORMATION
BREED(S) LOOKING TO ADOPT -
WHAT SEX DO YOU PREFER? MALE
FEMALE NO PREFERENCE
WHAT AGE RANGE WOULD YOU CONSIDER -
WHAT WILL YOUR NEW PET NEED TO GET ALONG WITH? (CHECK
ALL THAT APPLY):
OTHER DOGS CATS NDOOR BIRDS
SMALL RODENTS POULTRY LIVESTOCK
CHILDREN (PROVIDE AGES)
ADULTS: ELDERLY DISABLED
WHERE WILL THE DOG STAY DURING THE DAY -
WHERE WILL THE DOG STAY AT NIGHT -
HOW LONG WILL THE DOG BE ALONE ON AN AVERAGE DAY -
WHERE WILL DOG STAY WHEN NO ONE IS HOME -
WHAT ACTIVITIES WILL YOU SHARE WITH YOUR DOG -

WHAT IS NAME AND ADDRESS OF NEAREST ANIMAL SHELTER - WOULD YOU BE WILLING TO TAKE A DOG WITH MINOR HEALTH OR BEHAVIORAL PROBLEMS? YES \ NO ARE YOU FAMILIAR WITH CRATE TRAINING? YES NO IF YOU OWN A CRATE, WHEN WOULD YOU USE IT WHAT ARRANGEMENTS WILL BE MADE FOR THE DOG DURING EXTENDED ABSENCES PET HISTORY PLEASE PROVIDE A LIST OF ALL ANIMALS CURRENTLY IN THE HOUSEHOLD: TYPE BREED AGE SEX SPAY/NEUTER HAVE YOU EVER ADOPTED A DOG: YES NO IF SO, FROM WHERE? ARE YOUR CURRENT PETS UP TO DATE ON SHOTS? YES NO DESCRIBE PREVIOUS DOGS YOU HAVE OWNED, HOW LONG THEY LIVED AND WHAT ULTIMATELY HAPPENED TO THEM	WHAT WOULD YOU DO IF YOUR PET GETS LOST -						
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HAVE YOU EVER GIV	EN UP A DOG, IF YES, P	LEASE EXPLAIN:		
YOU WOULD CONSID	DER GIVING UP YOUR D	OG IF		
IF YOU WERE UNABLE TO CARE FOR YOUR PETS, WHAT ARRANGEMENTS HAVE YOU MADE?				
DOG EVER LIVED WI WHEN WILL YOU BE	TLY IN A ONE-DOG HOUTH ANOTHER DOG? YES	S NO		
CURRENT VETERINA NAME	RIAN: LOCATION	PHONE		
IVAIVIL	LOCATION	THONE		
REFERENCES				
ADDITIONAL INFORMATION				
WHAT BRAND OF FOOD DO YOU INTEND TO USE?				
DO YOU UNDERSTAN SPAYED/NEUTERED,		LL BE REQUIRED TO BE E SO? YES \(\square\) NO \(\square\)		

DO YOU UNDERSTAND THAT IF AT ANY TIME AN ADOPTER
CANNOT KEEP THE ANIMAL, IT WILL BE RETURNED TO <u>ALL</u>
HUMANE ANIMAL RESCUE, INC. AND NOT GIVEN TO ANOTHER
PERSON OR ANOTHER SHELTER? YES NO

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT. I AM ALSO FINANCIALLY AND PHYSICALLY ABLE TO CARE FOR THIS ANIMAL. BY SIGNING BELOW I ACKNOWLEGE THAT I HAVE COMPLETELY READ THIS QUESTIONNAIRE, COMPREHEND IT FULLY, KNOW THAT APPLYING DOES NOT ENSURE APPROVAL.

APPLICANT DATE