

# Lavender Haven Sanctuary and Rescue

## Dog Adoption Application

I am interested in adopting:

How did you hear about this dog?

Why do you want to adopt this dog?

Full Name	Age	Street Address
Home Phone	City,State,Zip	
Cell Phone	Employer	Address
Email	If you are not the primary income earner, who is? Relationship:                      Employer:	

### All other household members

Provide contact numbers for all adults living in your home.

Name	Age	Relationship

Have you considered all costs involved with owning a dog/another dog?(vet care, emergency care, dental care, vaccines, food, flea/tick/worm preventative, rental deposits, grooming, training, etc.)

Are you financially capable of providing for all of the dogs needs and future needs?

Are all the members of the household wanting to adopt this dog?

Is anyone allergic to dogs?

How many hours a day are you away from home?

Where will the dog be when you are away from home?

How much time will the dog be in your company?

How much time are you willing/able to spend per day walking, playing and interacting with this dog?

Who will be caring for this dog? Feeding/watering, waste clean up, grooming, etc?

Where will the dog spend the majority of its time?

Are you willing to give this dog a forever home and care for it for 15+ years?

Have you ever given up a pet?

If yes, why? And what happened to it?

What do you hope to gain from bringing a new dog into your home?

Sometimes unforeseeable circumstances arise. What scenario would make you give up your dog? (example birth of a baby, medical emergency, moving, etc.)

What type of training do you plan to use?

What are your opinions on disciplining your dog?

Opinions on choke collars and shock collars?

If your dog develops an expensive or difficult medical condition, what will you do?

# Household Information

Are you willing to let us visit your home to verify a safe living environment?

Where do you live?

House	Apartment	Condo	Trailer	Other
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If you rent, do you have permission from your landlord to own a dog?

Landlord's name and number:

HOA restrictions?

How long have you lived at your current address?

Do you plan to move?

Is your yard fully fenced?

If so, what kind of fence? (height, material)

If not, how do you plan to keep your dog safe and provide appropriate exercise ?

Where will the dog sleep at night?

Do you plan to use a crate?

Do you plan to use an outdoor kennel?

Do you plan to tie this dog outside?

Do you plan to use a cable runner?

What brand of dog food and treats do you plan to use?

What kind of flea/tick preventative do you plan to use?

Do you have any livestock at your address? (chickens, horses, etc.)

If yes, will they interact?

Do you have a way to keep them safely apart?

## List all pets currently living at your home

Name	Species	Breed	Age/time in your care

Are all pets spayed/neutered?

If no, why?

**Past pets** If you have never owned your own pet you can use family pets.

Name	Species	Breed	Age/what happened

## Vet References

Please give your vet clinic permission to speak with us about your account. If this is your first pet please list what vet clinic you plan to use.

Vet clinic:

Address:

Phone Number:

How long have they been your vet?

Previous Vet?

Address:

Phone Number:

## Personal References

Please give your references notice that we will be contacting them. We need 3 references. Only one relative please.

Name:

City/State:

Phone Number:

Relationship:

Name:

City/State:

Phone Number:

Relationship:

Name:

City/State:

Phone Number:

Relationship: