



HEIDI'S LEGACY: DOG RESCUE, INC.

(We are a 501(c)(3) Nonprofit Corporation)

3102 Nichols Road, Lithia, FL 33547

813 737-1795

www.HeidisLegacyDogRescue.com

APPLICATION FOR DOG ADOPTION

DOG APPLYING FOR: _____

Name: _____

Address: _____

Day Phone: _____ **Evening Phone:** _____ **Cell:** _____

Employer: _____

Type of residence:

Own Rent Mobile Home
 House Town home Apartment
Landlord's name & phone number: _____

Type of companion animal you are seeking:

Puppy Adult Dog Other _____

People in your household

Number of Adults: _____ Number & Age of Children: _____

Why are you interested in adopting? Check all that apply:

Companion for Self Companion for Family
 For Breeding Gift
 For Protection For Child
 Replace Previous Pet Companion for Other Pet
 Other - Please specify _____

Is this your first pet? Yes No

If no, please list previous pets and duration it/they were with you: _____

Do you currently have other pets? Yes No

If yes, please list current pets and how long you have had them:

How do you plan to introduce the new pets to the household? _____

How will you handle the following potential situations?

Family allergy to pet: _____

Pet medical expenses: _____

(emergencies or diagnosed _____
medical condition) _____

Moving: _____



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Are you prepared to spend several weeks or, perhaps months, waiting for your new pet to adjust to a new environment? ___ Yes ___ No

Please provide your current Veterinarian information:

Name & Address: _____

Phone: _____ Fax: _____

How much money do you plan on investing in your pet's veterinarian medical expenses annually?

What annual vaccines does your current pet have or will your future pet receive?

Will this new pet be an indoor or outdoor pet? _____

What is the longest duration you will leave your pet unattended outside?

Does your residence have any of the following (check all that apply:)

___ Yard ___ Fence ___ Dog Run ___ Dog Door

Please specify type and height of fence: _____

Where will your pet be kept:

At night: _____

Day time: _____

How many hours a day will there be someone at home with this pet?

What brand of food do you plan on feeding your new pet:

Do you plan on having your new pet enrolled in obedience training, if so, where? _____

Who will be the primary care giver for the newly adopted animal? _____

Does anyone in the household have any known animal allergies, please specify:



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Have you ever turned an animal into a shelter? If yes, please explain?

How did you hear about HEIDI'S LEGACY: DOG RESCUE, INC.? _____

Which of the following behaviors would present a problem for you or your family and explain how you would handle each situation:

___ jumping on furniture/ counter tops/ table

Your reaction: _____

___ scratching/ biting/ ripping furniture

Your reaction: _____

___ chewing on plants/ garbage/ other

Your reaction: _____

___ barking and/or howling

Your reaction: _____

___ play biting

Your reaction: _____

How will you correct your pet if it does the following:

Urinates/defecates inside the house: _____

Keeps you awake at night: _____

Sheds Excessively: _____

Ruins an expensive article: _____

Please provide three references and their phone numbers: (not family members)

Name

Phone Number

I certify that the information I have provided is accurate and honest.

Signature: _____

Date: _____



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