

ANGELS OF THE STREETS

Tel: 702-613-6371 / 281-907-2242 / E-mail: info@angelsofthestreets.org

ADOPTION APPLICATION

Name of dog you are interested in:

Your full name:

Date of Birth:

Your age:

Your Race:

Home address:

City:

State:

Zip:

Telephone Number:

E-mail:

Your employment:

Your work telephone:

Spouse's name:

Spouse's work

Spouse's Work Number:

Drivers License:

ABOUT YOUR HOME

House___ Mobile Home___ Condo___ Apartment___ Boarding House___

Do you Own___ Rent___ Live w/parents___ Other:

Name of Landlord or Condo Association:

Phone number:

How long have you lived at this address:

Any plans to move in the next few years?

How many times have you moved in the past five years?

ABOUT YOUR FAMILY

1. How many adults live in this household?

How many children live in this household?

Ages of children in this in household?

Number of children who visit?

Ages of children who visit?

4. Who will be the primary caregiver for this animal?

8. Describe your household activity/noise level:

9. How often do you travel?

10. How will you care for your dog when you are away from home?

11. If there's an emergency, who would care for your dog? what arrangements would be made?

12. For how many hours would the dog be alone during the day ?

ABOUT YOUR CURRENT PET(S)

What veterinary hospital do your animals go to?

May we call to verify vaccinations and spay/neuter status?

Are you experiencing any difficulties with your current pets in terms of health or behavior? If yes, please describe:

PET HISTORY

Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it?

Have you ever had a pet for a short period of time and it didn't work out?

Have you ever had an animal die as the result of being hit by a car, being poisoned or from unknown causes?

Have you had a dog that gave birth?

PLANS FOR YOUR NEW PET

Where will the dog live

A. Indoors

B. Outdoors only

C. Indoors mostly/Outdoors for elimination and exercise

2. Where will the dog be when nobody is home?

Indoors Outdoors Either Indoors or Outdoors

Do you have a fenced yard?

Are you aware that some dogs require a period of weeks or even months to adjust to their new home/enviroment/family/other pets?

Are you willing to allow for this adjustment period

Are you able to commit to providing a home for a dog for the life of the dog?

What circumstances might justify giving up a dog?

If your dog exhibits behavioral or adjustment issues, would you be willing to seek the advice of Angels of the Streets representative?

Do you know that if you cannot keep the pet anymore, you must return it to our rescue. Are you understanding, that it has to be returned to Angels of the Streets? You must NOT give away, take to shelter or put to sleep, what ever the reason be. We will not ask any questions. But must be returned.

PREFERENCES

**I prefer a dog that is: Small Medium Large Any size
Reasons for adopting: Companionship, Watch dog, Other
Bad doggie habits I cannot tolerate:**

Please share with us anything you would like for us to know about the new dog that you would like to add to your family:

Are you clear that there is home visits by an Angels of the Streets representative, before and after you have adopted from us, are you ok with that?

Please provide three personal references:

Name	Relationship	Phone number
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I understand that Angels of the Streets has the right to deny any application.

I give permission for a representative of Angels of the Streets to call the veterinary practices before for reference and after for follow ups.

I understand that a visit to Angels of the Streets in Houston, Texas is required for every pet adoption application

Guardian 1

Guardian 2