



SAFE HAVEN ANIMAL RESCUE OF FLORIDA INC.
APPLICATION FOR ADOPTION

A Non-Profit 501(c)(3) Corp.
 IRS# 26-4148505

Safe Haven Animal Rescue of Florida Inc.
 C/O Jolene Shindler
 2429 Manatee AVE E Unit # 2
 Bradenton, FL 34208

Dog's Name: _____

Name: _____

E mail address: _____

Address: _____

Age: _____

Occupation: _____

Type of residence (home,condo,apt,mobile home,etc.) _____

Are there deed restrictions? _____

Rent/own? _____ Landlord information: _____

If you rent do you have a pet deposit? _____ Will you pay the pet deposit? _____

Do you have a yard? _____ Fenced? _____ SIZE? _____

Phone number: _____ Cell number: _____

Please list name, age, and relationship of all persons residing in your household:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

YOUR HOME

Who will be the primary caretaker of your new dog? _____

Does anyone in your household have allergies or asthma? _____

Would you or do you crate train? _____

Where do your dogs stay during the day? _____

How long will your dogs be left alone during the day? _____

Where will your dog sleep? _____

Where is your designated dog area? _____

Do you go to the dog park? _____

Do you let your dog off leash in an open area? _____

Are you willing to keep your new dog on leash for the dog's safety? _____

Have you housetrained before? _____ Are you willing to housetrain? _____

How did you housetrain? _____

Do you need a dog that 100% housetrained? _____ (given a week to adjust to your schedule)

DOGS

Tell about your dogs owned during the last 5 years:

Name	Age	Breed	Altered	Gender	Years Owned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Veterinarian's Name: _____

Phone _____

Are your pets current on Vaccinations? *yes* *no*

Are your pets current on Heartworm Preventative? *yes* *no*

What type of personality would you like to see in a dog: _____

Are you willing to take a dog that is: *yes* *no*

Not reliable with children? *yes* *no*

Physically handicapped? *yes* *no*

Requires ongoing medication? *yes* *no*

Requires continued houstraining? *yes* *no*

May have been abused? *yes* *no*

Are you willing to adopt a bonded pair? *yes* *no*

REFERENCES:

<i>NAME</i>	<i>PHONE NUMBER</i>	<i>RELATIONSHIP</i>	<i>TIME KNOWN</i>

1. By completing this application and signing below, I certify that: I am at least 21 years of age and will assume all responsibility for the care and well being of this animal; take my dog to a vet at least once a year for an annual exam, shots, and heartworm check; take my dog to a vet in a timely manner if ill; maintain proper care including monthly heartworm preventative and flea/tick treatments.

2. I further agree that I will be contractually bound through adoption to: SAFE HAVEN ANIMAL RESCUE OF FLORIDA, INC. I will return my dog to SAFE HAVEN ANIMAL RESCUE OF FLORIDA, INC. and ONLY SAFE HAVEN ANIMAL RESCUE OF FLORIDA, INC. If for ANY reason I can no longer care for the dog in a loving and humane manner.

Signature: _____ Date: _____

Printed Name: _____

TO BE FILLED OUT BY SAFE HAVEN REPRESENTATIVE

Date received: _____ Comments: _____