

HOLLOW CREEK FARM DOG ADOPTION APPLICATION

Name of dog applying for: _____

Your name _____

Address _____

City, state, and zip _____

Home phone _____

Work phone _____

Drivers license # _____

Place of employment _____

How many hours are you working per week? _____

Does your job require frequent travel? ____yes ____no

How many hours would the dog be home alone per day? _____

Do you own or rent your home? ____own ____rent

If renting please give landlords name _____

Landlords phone# _____

Please list the names and ages of people who will have contact with this dog on a regular basis.

	Name	age	relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Please use the back of the application to list additional people if needed

Please list the animals that have been in your care over the last 10 years. Include those that are no longer with you and your current pets as well.

	Pets name	age	reason pet is no longer with you
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Please continue to list your current and previous pets on the back of the application if needed.

Please give the names, addresses and phone numbers of 3 people not related to you that can attest to your capability of caring for the pet you are applying for.

	Name	address	phone number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please give the name and the phone number of your current veterinarian.

Do you have a: (check all that apply)

fenced yard outdoor kennel safe tie out line crate for this dog
 comfortable doghouse other (please describe) _____

Please describe your fence (height and width), kennel, and dog shelter that you will be providing for this dog _____

What brand of food do you feed your pets now? _____

Are you willing to solve any behavior problems that may arise with the dog once in your home?
 yes no not sure depends on problem

Are all pets currently in your home spayed or neutered? yes no

Are the pets in your home up to date on their vaccinations? yes no

Do any of the pets currently in your home require any special medical care or experience any behavior problems? yes no If yes please describe _____

Please list the veterinary care you think is needed for a dog on a regular basis

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have any experience with obedience training or behavior problem solving?
 yes no

Please give the reasons why you are interested in this dog. (check all that apply)

companionship watchdog hunting dog friend for current pet
 gift for friend or relative children want a pet use for agility or obedience competitions

When transporting in vehicle will the dog be (check all that apply)

crated in truck bed in truck bed interior vehicle with safety harness
 interior of vehicle with separation panel riding shotgun with head out of the window

Would you object to a home visit by another rescue group or organization? yes no

I, _____, give permission to Hollow Creek Farm staff to contact the above provided organizations and people. I also give permission to release my veterinarian records for reviewing by the HCF staff.

Signature _____ Date _____