

HALT: ADOPTION Request Form

Help Animals Lives Today

Name: _____ Pets Name: _____ Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Fax: () _____

Profession: _____ Cell Phone: () _____

E-Mail Address: _____ Drivers License Number: _____

1 . Why do you want to adopt a cat/dog? _____

2. What do you think are the most important responsibilities in owning a dog/cat?

3. Does the entire family want a pet? ____ Who will be responsible for caring for the pet? ____
Are all the members of your household aware you are adopting a pet? _____

4. Have you ever owned a pet before? Yes ____ No ____

5. What happened to the pets that are no longer with you? _____

6. What is the name and phone number of your Veterinarian?

Name _____

Phone Number _____

7. How many people reside in your household? ____ Children () Teens () Adults ()
Ages of children under 18 _____

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8 . Does anyone in your family have allergies to pets ? Yes _____ No _____

9 . Do you RENT or OWN: House _____ Townhouse _____ Condo _____ Apartment _____ Mobile Home _____

10. If renting: Are pets allowed? _____(We will need a rental agreement from landlord)

11. Who will be responsible for feeding, housebreaking and training the pet?

12. If you move, what will you do with your pet? _____

13. Is your yard fenced? Yes _____ No _____ If so, what type of fence? _____

What portion of the yard is fenced and how high is the fence? _____

14. Where and how will you exercise your pet? _____

15. Where will the pet stay during the day? (Inside, ___ outside, ___ both)? _____

16. Where will the pet stay during the night? (Inside, ___ outside, ___ both)? _____

17. How many hours per day will the pet be alone? _____

18. How many hours per day will you be able to spend with your pet? _____

19. How will you housebreak the dog? _____

20. How frequently will the family be away from home on business/vacation trips? _____

21. Who will take care of the pet while you are gone? _____

22. New pets need to adjust. Are you willing to be patient while your new pet

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"settles in?" _____ How would you handle any potty accidents or

Mischievous behavior? _____

23. Have you ever adopted a pet from a shelter or sanctuary? Yes ____ No ____

What happened to that pet? _____

24. Do you have any pets at this time? (Describe) _____

25. Can your vet verify that your pets are current on their vaccinations? Yes ____ No ____

Vet's name and phone #: _____

26. Please give us 3 references, including name, address and phone numbers

27. Would you object to an inspection of your home? Yes ____ No ____

28. We can provide for lifetime care for your pets. Have you considered future provisions for pets in your will in the event something happens to you?

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I certify that the information provided on this form is true and accurate to the best of my Knowledge. Falsification will be grounds for adoption denial and/or re-possession of the animal by Help Animals Lives Today Animal Sanctuary (HALT). I hereby grant permission to HALT to contact the above listed references, and other individuals they deem appropriate, for information regarding aspect of this adoption procedure. We further release and discharge the above listed references from any liability resulting from the release of such information as aforesaid.

Signature _____ Date _____

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For HALT use only: Reviewed/Authorized by: _____

References checked: YES / NO / Other: _____

Animal adopted: DOG CAT Other: _____

www.haltaz.org
Lotti Benker, President
928-692-8940
Fax 928-692-5277