



Senior Dog Haven & Hospice

Where grey muzzles are nuzzled.

ADOPTION APPLICATION

Thank you for your interest in adopting a senior dog. Senior dogs make wonderful pets. If you are interested in adopting one of our senior dogs, please complete the application below. You can complete the application on your computer, save and submit it via email. To do so, you will need Adobe Reader XI which can be downloaded for free. Alternatively, you can print and scan or mail the application to us.

Senior Dog Haven & Hospice, Inc.
P. O. Box 1441
Wilmington, Delaware 19899
info@seniordoghaven.org

Date _____
Dog's Name _____
Dog's ID# (if known) _____

1. Name _____

Date of Birth _____

2. Spouse/Partner _____

Date of Birth _____

3. Home Address _____

City _____ State _____ Zip _____

4. Phone Home _____

Cell _____

Alt Cell _____

Work _____

5. Email address _____

Alternate email address _____

6. Preferred method of contact _____

7. Employer _____

Occupation _____

8. How long have you been employed here? _____

9. Please list previous two employers and how long you were employed there

Employer _____ How long there? _____

Employer _____ How long there? _____

10. Spouse/Partner's Employer _____

Spouse/Partner's Occupation _____

11. How long have you been employed here? _____

12. Please list previous two employers and how long you were employed there.

Employer _____ How long there? _____
Employer _____ How long there? _____

13. Living arrangements Own Rent Live with parents

If renting or living with parents, written approval is required.

Landlord/Parent _____ Phone _____

14. How long have you lived at the above residence? _____

15. Are there county/town restrictions on breeds? _____

16. Previous address _____

City _____ State _____ Zip _____

17. How long were you at this address? _____

18. Please list the names and ages of others living at your current residence

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

19. Do children visit your home? _____

20. Do you have a completely fenced yard? Yes No

Type and height of fence _____

21. Please describe the activity level in your home _____

22. Is anyone in your family allergic to animals? Yes No

23. Does everyone in your family agree to adopting a pet? Yes No

24. Who will be the primary caretaker? _____

25. How many hours a day will the dog be left alone? _____

26. Where will the dog be kept while you are not at home? _____

27. Will he/she have access to outside while you are away? Yes No

28. Where will he/she sleep at night? _____

29. What do you consider a reasonable adjustment period for your dog to become acclimated to his new home?

30. Will you take the dog on daily walks? _____

31. How long have you been thinking about adopting? _____

32. What characteristics are you looking for in a dog? _____

33. What do you require from your dog? For example, good with cats, housetrained, etc.

34. Why are you interested in a senior dog? _____

35. Who will care for your pet if you are out of town? _____

36. If you have to move, what will you do with the dog? _____

37. What will you feed the dog and how often? _____

38. List any reasons that you would have for giving up a dog. _____

39. Please list current pets in your home

Name	Breed	Age	Sex	Years Owned	Spayed/Neutered?
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40. Are your current pets up-to-date on shots? Yes No

If not, please explain

41. Name of Veterinarian

42. Veterinarian's Phone No.

43. First and last name records are under

44. Please provide two personal references (non-family)

Name	<hr/>	Relationship	<hr/>
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Phone	<hr/>
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Name	<hr/>	Relationship	<hr/>
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Phone	<hr/>
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45. Please list any previous pets

Name	Breed	Age	Sex	Years Owned	Why you no longer have
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46. How did you hear about us?

47. Please answer yes or no to the following:

- I understand that I am making a commitment for the lifetime of the dog. _____
- I am prepared to assume financial responsibility for this dog. _____
- I understand that I am required to pay an adoption fee of \$125. _____
- I agree to provide routine medical care, including daily medications and supplements, if necessary. _____
- I understand that if for any reason I find myself unable to care for this dog, I am to notify Senior Dog Haven & Hospice and make arrangements to return him/her. _____
- I understand that this dog is not to be rehomed or surrendered to another shelter or rescue. _____
- I agree to never leave the dog tethered outside under any circumstances. _____
- I agree to a home visit. _____
- I agree to being contacted by Senior Dog Haven & Hospice in order to provide updates on how the dog is doing. _____
- I understand that if more than one application is received on this dog, Senior Dog Haven & Hospice will review each application and placement will NOT be based on the date of the application, but rather on the best possible match for the dog. _____

By signing below, I/we affirm that all information provided in the application is true and accurate. I/we give permission for Senior Dog Haven & Hospice to contact my veterinarian in order to obtain the information necessary to process this application, including my pets' medical records. I/we also give permission to contact the landlord/parent and references listed on this application. I/we understand that Senior Dog Haven and Hospice will decide which home is best for the dog and may suggest another dog other than the one I am applying for. I/we also understand that Senior Dog Haven and Hospice may deny my application for any reason.

Signature of Applicant

Date

Signature of Co-Applicant

Date

If you are completing this application online, please also submit a copy with your signature.

Thank you for your interest in adopting from Senior Dog Haven & Hospice!