**Heather’s Foster Dogs NFP (HFD)**

**3040 Cappelletti**

**South Chicago Heights, IL 60411**

**This application remains property of HFD.**

**HFD reserves the right to refuse adoption to anyone.**

To adopt a dog from Heather’s Foster Dogs, please ensure the following:

* Be at least 21 years of age
* Have a form of identification (driver’s license or state ID)
* Verify that you are allowed to have a dog along with any restrictions for dogs
* Current pets must be spayed/neutered
* A fenced yard may be required for the dog you are interested in
* Training may be required for the dog you are interested in
* HFD may check veterinarian and personal references
* Bring along all household members including children and current dogs to meet the dog

**Part 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Name) First, MI, Last | | | Email Address | | Phone Number  Primary:  Alternate: |
| Home Address | | | | Source of income:  ☐ Job ☐ Social Security ☐ Pension ☐ Unemployment  ☐ Disability ☐ Retired ☐ Self-Employment ☐ No Income  ☐ Other (Please explain below) | |
| Name of dog you would like to adopt | Is this dog a gift for someone else? (If yes please explain)  ☐ No ☐ Yes | | | | |
| Who will be the primary caregiver for this dog?  (Please explain other)  ☐ Myself ☐ Other  Date of Birth | Has anyone in your household been charged with or cited for any kind of animal cruelty or neglect? (Please explain yes answer)  ☐ No ☐ Yes | | | | |
| Does anyone in the household have allergies/asthma?  ☐ No ☐ Yes  (If yes, are allergies controlled?)  ☐ No ☐ Yes | | How did you hear about this dog? | | | |
| Have anyone in your household ever sold, abandoned, or surrendered an animal to a shelter/rescue, police station, or other individual?  ☐ No ☐ Yes (Please explain yes answer) | | | | | |

**Part 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you live in an:  ☐ Apartment  ☐ Condo  ☐ Townhome  ☐ House | Do you own or rent this residence?  ☐ Own ☐ Rent  (Please give further information if renting) | Landlord name ☐ N/A | | Landlord Phone number  ☐ N/A |
| How long have you lived at this address? | Homeowners Association name: ☐ N/A | | HOA phone number:  ☐ N/A |
| Do you have a fenced in yard? ☐ No ☐ Yes (please indicate type of fence) | | | Do you have a separate kennel run? ☐ No ☐ Yes | |

**Part 3**

|  |  |  |
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| Number of adults in household: | Number and age of children in household: ☐ N/A | Will the dog have contact with any children of relatives, friends, or any others? ☐Yes ☐No |

**Please list and describe any other animals currently in your home and for the previous ten years:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Animal** | **Breed** | **Name** | **Sex** | **Age** | **Length of Ownership** | **Spayed/Neutered** |
|  |  |  | ☐ Male ☐Female |  |  | ☐Yes ☐No |
|  |  |  | ☐Male ☐Female |  |  | ☐Yes ☐No |
|  |  |  | ☐Male ☐Female |  |  | ☐Yes ☐No |
|  |  |  | ☐Male ☐Female |  |  | ☐Yes ☐No |
|  |  |  | ☐Male ☐Female |  |  | ☐Yes ☐No |
|  |  |  | ☐Male ☐Female |  |  | ☐Yes ☐No |
| Please explain any “no” answers in the Spayed/Neutered column: | | | Have any of your animals NOT lived their normal lifespan for their breed? ☐Yes (did not) ☐No (did) (please explain yes answers) | | | |
| Name of current Veterinarian/Clinic: | | | Address of Veterinarian or Clinic: | | | |
| Phone number: | | |

**Part 4**

|  |  |  |  |
| --- | --- | --- | --- |
| What are you looking for in a new pet? | | Are you able to pay for animal care expenses that can be as much or more than $1,500 per year for vet expenses, vaccinations, heartworm preventative, training, and misc. supplies?  Will you provide a properly fitted collar with ID tags to include your name, address, and phone number?  Do you agree to provide an annual vet check-up for this dog, to include necessary vaccinations ie: rabies, other vaccinations and heartworm preventative | ☐Yes ☐No  ☐Yes ☐No  ☐Yes ☐No  ☐Yes ☐No |
| Why are you interested in this dog? | |
| Will this dog be an outside, or an inside dog?  ☐Outside ☐Inside | Do you know what crate training is?  ☐Yes ☐No | Do you agree to provide medical care through a licensed veterinarian if this dog becomes ill or injured? |
| Will you provide a crate if needed now or in the future?  ☐Yes ☐No | | What Method(s) will you use to train your dog? | |
| If the dog is not house trained, how will you train him/her to not go to the bathroom inside the house? | | Where will the dog sleep at night? | |
| When/if you go out of town, who will take care of the dog? | | If you move in the future, what will you do with the dog? | |
| Why do you think you would provide a good home for this dog? | | If you adopt the dog, what reason(s) would he/she no longer be welcome in your home? | |

**Part 5**

Do you understand that we may require you to provide training for this dog? ☐Yes ☐No

Are you ready to welcome this dog into your home immediately? ☐Yes ☐No

Do you understand we are looking for the ideal home placement of our animals,

and we may not approve your adoption of this dog? ☐Yes ☐No

**Application Agreement**

* I, the undersigned, certify that the information contained in this form is true and correct.
* I hereby release to Heather’s Foster Dogs all veterinary records of any and all animals I have had or currently have.
* I understand that a home check may be required prior to or following adoption
* I understand and agree that the care, feeding, training, and well-being of the animal are adult responsibilities.
* I understand that I may not be able to adopt the pet I have chosen if this animal would not be a good match due to lifestyle or housing concerns.
* This application remains the property of Heather’s Foster Dogs.
* Heather’s Foster Dogs reserves the right to refuse adoption to anyone.
* If upon home check, random home visit, application review or veterinary reference checks, Heather’s Foster Dogs finds information contained in this application to be false, Heather’s Foster Dogs remains the right to turn down the adoption or remove the animal from your premises without a refund of paid adoption fees.

|  |  |
| --- | --- |
| Applicant’s Signature: | Date: |
| Co-Applicant’s Signature: | Date: |