



Homeless Animals Response Program
 P.O. Box 3167, Antioch, CA 94531-3167
 Voice Mail: (925) 431-8546

Canine Adoption Application

PC: _____ Dog's Name: _____ Adoption Location: PS PFX Volunteer's Initials: _____

Adopter's Name: _____ Driver's License Number: _____

Street Address: _____ City: _____ Zip: _____

Address on Driver's License if different from above: Street: _____ City: _____ Zip: _____

Home Phone: () - Work Phone: () - Cell Phone: () -

Email Address: _____@_____.

Type of Housing: Own Home Own Condo Rent House Rent Apartment Lease Military Housing

Landlord's Name (if renting): _____ Landlord's Phone Number: () -

How long at present address? ___ Years ___ Months Are you over 18 years of age? Yes No

Number of Household members: ___ Adults ___ Children Ages of Children: _____

Any known Allergies related to domestic animals? Yes No

Veterinarian Name: _____ Veterinarian Address: _____

Who will be responsible for pet's routine daily care? _____

CURRENT PETS: Please include all pets.

Type of Pet	Age	Sex	Spayed/Neutered	Kept In/Out	How Long Owned
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	

Do they get along with other animals? Yes No Do they have any behavioral or medical concerns? Yes No

If yes, please explain: _____

PET HISTORY: List pets previously owned in the last 5 years (other than those listed above).

Type of Pet	Age	Sex	Spayed/Neutered	Kept In/Out	How Long Owned
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	

Reason for wanting dog: Companion for Self Companion for other pet House Pet For Children Gift

Length of time dog will be left alone: _____ Where will dog be kept during day? _____ Night? _____

If dog will be kept outdoors, describe shelter: _____

Have you ever surrendered an animal to a shelter or anyone else? If yes, describe the situation: _____

What will you do if your dog develops behavioral concerns? _____

Are there any behaviors your dog could develop causing you to be unable to remain his/her guardian? Yes No

After the initial investment, the average cost of feeding and caring for a dog can be \$500 or more annually. Are you prepared to make a commitment to a lifetime relationship with this dog, lasting between 8 to 18 years? Yes No

How did you learn about H.A.R.P.? _____

I certify all information in this application is true and correct and understand false information may void this application.

Signature: _____ Date: _____