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dogadoptions@thesanctuarypa.org

### CANINE GUARDIANSHIP APPLICATION

A 501 (c) (3) Non-Profit/No-Kill/Tax Deductible Organization

In an effort to assure a more satisfactory guardianship we ask your cooperation in the completion of this application. Just as there are guidelines for the adoption of a child, so are there guidelines for the placement of animals. Although The Sanctuary at Haafsville eagerly seeks the prompt placement of its animal residents, experience has shown that some situations are not consistent with the welfare of the animal. An unsatisfactory placement can result in an unpleasant experience for your family and many times can traumatize the pet. We reserve the right to refuse any placement we consider unsatisfactory. This is not a reflection on you personally, but simply that a particular pet may not do well in your situation. We feel our experience in this area must be our guide to a successful placement.

**In order to be considered as a guardian, you must first:**

- Be at least 18 years of age.
- Have a valid Photo I.D. showing your current address.
- Have notarized consent from your Landlord/Homeowner if you rent.

Please understand that the Sanctuary at Haafsville has the right to verify all information on this application, including a home visit, reference, and vet check.

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Reference: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Current Veterinarian is: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_

Did you go to a previous vet in the last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes list contact info \_\_\_\_\_

\*\*\*Please contact your vet and give them permission to speak with a member of our adoption team.

I \_\_\_\_\_ Own my home \_\_\_\_\_ Rent \_\_\_\_\_ Live with Parents \_\_\_\_\_ Other: \_\_\_\_\_

Landlord's First & Last name/Parents' First & Last Name: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_

My home is a(n): \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Townhouse

Household Size? \_\_\_\_\_ Number of Adults \_\_\_\_\_ Number of Children Ages \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Why do you want this companion animal? \_\_\_\_\_

Do you believe in spaying/neutering pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where will your pet be kept? \_\_\_\_\_ Indoors? \_\_\_\_\_ Outdoors?

Where will your pet be when you are not home? \_\_\_\_\_

Have you ever utilized any of the services of The Sanctuary at Haafsville before? Yes \_\_\_\_\_ No \_\_\_\_\_

What services did you utilize? \_\_\_\_\_

**What pets do you have now or have had in the past 5 years?**

PET's Name	Age	Dog / Cat	Male / Female	Neutered / Spayed	Kept Where Inside/ Outside	Current Status of Pet Alive/ Deceased
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I <input type="checkbox"/> O	<input type="checkbox"/> A <input type="checkbox"/> D
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I <input type="checkbox"/> O	<input type="checkbox"/> A <input type="checkbox"/> D
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I <input type="checkbox"/> O	<input type="checkbox"/> A <input type="checkbox"/> D
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I <input type="checkbox"/> O	<input type="checkbox"/> A <input type="checkbox"/> D
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I <input type="checkbox"/> O	<input type="checkbox"/> A <input type="checkbox"/> D

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sanctuary Witness \_\_\_\_\_ Date \_\_\_\_\_

## Dog Adoption Questionnaire and Household Information

What traits are you looking for in a dog? (check all that apply)

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Playful      | <input type="checkbox"/> Energetic       | <input type="checkbox"/> Off leash walk/play                             |
| <input type="checkbox"/> Protective   | <input type="checkbox"/> Active/Hike     | <input type="checkbox"/> Able to travel/vacation/camp                    |
| <input type="checkbox"/> Lazy         | <input type="checkbox"/> Swim/Boat/Beach | <input type="checkbox"/> Therapy dog/ Emotional Support                  |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Good with kids  | <input type="checkbox"/> Able to be in crowds (sports games/fields, etc) |
| <input type="checkbox"/> Mellow       | <input type="checkbox"/> Good with cats  |  |

Who will be the primary caretaker of the dog? \_\_\_\_\_

Will your dog routinely be left alone during the day?  Yes  No

If yes: Approximate hours? \_\_\_\_\_ Daily \_\_\_\_\_ On weekends

Where will your dog be while home alone? \_\_\_\_\_

Do you use a crate?  Yes  No

Do you plan on going on vacation in the next month?  Yes  No

Where will your dog be while you are on vacation? \_\_\_\_\_

How would you describe the activity level of your home?

Busy/active  Moderate  Quiet/occasional guests

What type of exercise/playtime do you engage in with your dog?

\_\_\_\_\_

Is your yard fenced?  No  Invisible  Yes = If Yes, fence height is \_\_\_\_\_ feet

Have you ever housebroken a dog?  Yes  No

What are your "deal breaker" behaviors that would cause you to return a dog? (frequent accidents, guarding, barking, biting, etc) \_\_\_\_\_

Have you ever relinquished or re-homed a dog before?  YES  No

If you answered yes. What were the circumstances?

\_\_\_\_\_

How will you train your dog?  Self  Classes  Individual Trainer

If behavioral issues arise, would you be willing to participate in a structured training program over the course of several weeks if needed?  Yes  No

Regarding a training program, what is your expected total budget for training classes or a program?

\_\_\_\_\_

Does anyone in your household have animal allergies or asthma? \_\_\_\_\_

How often do you anticipate seeing a veterinarian? \_\_\_\_\_

How long do you anticipate living in your current home? \_\_\_\_\_

What would you do with your dog if you can no longer care for it? \_\_\_\_\_