



THE SANCTUARY AT HAAFSVILLE

CANINE GUARDIANSHIP APPLICATION

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.

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.

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

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

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

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

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

My Veterinarian is: \_\_\_\_\_

Do You?

\_\_\_\_ Own your home? \_\_\_\_ Rent Landlords 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 \_\_\_\_

Will your pet be kept indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

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

Are you familiar with housebreaking/litter training procedures? Yes \_\_\_\_; No \_\_\_\_

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 \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Neutered? Yes \_\_\_\_; No \_\_\_\_ Status \_\_\_\_\_

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

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