



PO Box 921 Fogelsville, PA 18051

[dogadoptions@thesanctuarypa.org](mailto:dogadoptions@thesanctuarypa.org)

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

DOG: \_\_\_\_\_

### CANINE GUARDIANSHIP APPLICATION

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 old
- 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, personal reference, and vet check.

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Reference: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Secondary Veterinarian: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

I \_\_\_\_\_ Own Home \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_ Other: \_\_\_\_\_

Landlord's or Parent's Full Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Household: \_\_\_\_\_ 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

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

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

Please list pets that you have now or have had within the past 5 years:

Name and Type (Cat/Dog/Other)	Age	Sex (M/F)	Neutered? (Yes/No)	Kept Where? (Indoor/Outdoor)	Pet's Current Status (Alive/Deceased/Rehomed/etc.)

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          |
| <input type="checkbox"/> Mellow       | <input type="checkbox"/> Good with cats  | (sports/games/fields/etc.)                             |

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

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

If yes: \_\_\_\_\_ How many days during the week? \_\_\_\_\_ How many hours per day? \_\_\_\_\_ On weekends?

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

Do you use a crate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where do you plan to keep your dog overnight? \_\_\_\_\_

Do you plan on going on vacation in the next month? \_\_\_\_\_ No \_\_\_\_\_ Yes = if yes, when? \_\_\_\_\_

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 house broken 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 rehomed a dog before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what were the circumstances? \_\_\_\_\_

How will you train your dog? \_\_\_\_\_ Individual \_\_\_\_\_ Classes \_\_\_\_\_ Individual Trainer

What types of training exercises/strategies/devices will you use? \_\_\_\_\_

If behavioral issues arise, will 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? \_\_\_\_\_