



PO Box 921 | Fogelsville, PA 18051 | 484-788-8062  
www.thesanctuarypa.org | thesanctuarypa@yahoo.com

## 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.

**Please Print Clearly**

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

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

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

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Name of Veterinarian: \_\_\_\_\_

Do You:  Own your home  Rent  Live with parents  Other: \_\_\_\_\_

Landlord's or Parent's 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?  Yes  No Outdoors?:  Yes  No

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? \_\_\_\_\_

If adopting a cat, do you plan on declawing it?  Yes  No

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

| Type (Cat/Dog/Other) | Age   | Sex   | Neutered   | Kept Where   | Pet's Current Status |
|----------------------|-------|---|--|--|----------------------|
| _____                | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | _____                |
| _____                | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | _____                |
| _____                | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | _____                |
| _____                | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | _____                |
| _____                | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | _____                |

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

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