

H.A.L.O. RESCUE

710 Jackson St. Sebastian, FL 32958

772-589-7297

www.HALORescueFL.org



APPLICATION FOR PET ADOPTION

Date:	Name of pet desired:	Color(s):
Age of pet :	Type of Pet: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other _____	
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Co-Applicant Information		
Name:		Relationship:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
General Information		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own If rental, are pets allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Max. Size:		
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road		Speed limit:
Where will pet live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the pet spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how high?
Will you allow the pet to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where?
How many hours per day will the pet be alone?		Where will the pet stay when left alone?

Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, pets barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)
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In the absence of the primary caregiver, who will care for the pet?

Under what circumstances would you return the pet to us? New Job Divorce New Baby Move Illness
 Other – specify

Are you willing to take responsibility if this pet acquires an illness for tests positive for heartworms? Yes No

Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No

Are you willing to take the time to work with a pet on housebreaking or chewing, if such problems arise? Yes No

Would you consider obedience training for your new pet? Yes No

How much time are you prepared to allow for your new pet to adjust to your home?

Pet Information

Have you had pets in the last five years? Yes No If yes, complete the following chart

Name of Pet; Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past vet name of clinic: _____ Phone: _____

Do you consider your pet a part of the family? Yes No Will your pet be on heartworm prevention? Yes No

Are you aware that a pet is a large and lifelong commitment? Yes No

How did you hear about the H.A.L.O? _____ Would you like to become a volunteer? Yes No

Personal References

1 Name: _____ Relationship: _____

Phone: _____ Best time to contact: _____

Comments: _____