ADOPTION APPLICATION

This form and a consultation with a Bridge to Home Animal Rescue (aka BTHAR) representative are designed to help you find the dog most compatible with your lifestyle. Completion of this application does not guarantee adoption of a BTHAR dog.

In order to be considered as an adopter you must:
1. Be 21 years of age or older 2. Have a valid driver's license or other government-issued ID 3. Have the knowledge and consent of your landlord if renting 4. Be willing and able to provide proper care, training and medical treatment.

Please respond to the questions below as completely and as neatly as possible.

Date:_____/_____/_____

Name: _____

Street Address: _____

City/State/Zip: _____

Phone:_____-_____-_____ Email:_____

Occupation:_____Employer: _____

Name(s) of ALL Dog(s) for which you are applying: _____

Name and ages of the adults and children living in your household (including yourself):

Name:_____Age: _____ Name:_____Age: _____

Name:_____Age: _____ Name:_____Age: _____

Name:_____Age: _____ Name:_____Age: _____

Are all the adults in your household aware that you are adopting a dog and in agreement? Yes ☐ / No ☐

Who will be the primary caregiver for your new dog?_____

Is any member of the household allergic to dogs? Yes ☐ / No ☐

What type of housing do you live in? House ☐ / Apartment ☐ / Condo ☐ / Other: _____

Do you own or rent? Own ☐ / Rent ☐ If Rent, Landlord: Name:_____Phone:_____

Do you have a completely fenced yard? Yes ☐ / No ☐

Are there times when your dog will be tied outside? Yes ☐ / No ☐ If yes please explain: _____

_____

How often and what type of exercise will you give your dog? _____

_____

Which of the following behaviors would be a serious problem for you? (check all that apply) Not house trained☐
Not good with kids☐ Excessive barking☐ Not good with cats☐ Too active ☐ Not good on a leash☐

On a daily basis, how many hours will the dog be left alone? _____

Where will the dog be kept when left alone? _____

Where will the dog be when you are home? _____

Where will the dog sleep at night? _____

Is this your first dog as an adult? Yes ☐ / No ☐ Do you currently have any pets? Yes ☐ / No ☐

If you presently have a companion animal(s), please complete:

Name	Breed	Age	Gender	Spay? Neuter?	Current on Vaccines

If you previously had a companion animal(s), please complete:

Name	Breed	Age	Gender	Spay? Neuter?	Current on Vaccines

Name of your current Veterinarian:_____Phone:_____

Name of your prior Veterinarian, if applicable:_____Phone:_____

Name vet reference is listed under: _____

Have you ever surrendered a pet? Yes ☐ / No ☐ If yes, explain _____

Are you planning to attend obedience classes with your new puppy/dog? Yes ☐ / No ☐

When you go on vacation/travel, who will care for the puppy/dog? _____

Who will take care of dog in the event of an emergency or death? _____

Are you financially able to care for a new dog/puppy and his/her medical bills? Yes ☐ / No ☐

Have you previously applied to adopt from BTHAR? Yes ☐ / No ☐ If yes, dogs name & date applied? _____

Have you previously adopted from BTHAR? Yes ☐ / No ☐ If yes, dogs name & date adopted? _____

Are you willing to have a representative of BTHAR visit where the dog will be living? Yes ☐ / No ☐

I certify that the information above is true and understand that false information will result in nullification of this adoption.

Prospective Adopter Signature:_____Date:_____/_____/_____