



**HOPE**  
ANIMAL RESCUE

## APPLICATION TO ADOPT A DOG/PUPPY

Name of dog/puppy you wish to adopt: \_\_\_\_\_

Hope Animal Rescue is a no-kill rescue whose mission is to rescue, protect, and provide hope as we search for loving homes for stray and neglected animals. We provide hope when they have given up hope, we speak when they cannot speak, and we love without boundaries.

### Dog Adoption Requirements

- 1) Applicants must have never been convicted of any felonies or animal abuse laws.
- 2) Applicants must agree to a meet and greet with current applicant's pet(s) and potential adoptive pet(s).
- 3) Applicants must allow a HAR representative to conduct a home visit to confirm your home is an adequate environment for a new pet.
- 4) All potential adopters must completely fill out and sign the adoption application.
- 5) Renters must acquire a written letter for approval to have animal.
- 6) All current animals must be updated on vaccinations (Rabies) and be spayed/neutered. (Vet Reference check will be done.)
- 7) All information must be verified and approved by a Hope Animal Rescue Representative.

<b>Name:</b>		<b>Spouse/Partner/Roommate:</b>	
<b>Address:</b>		<b>City:</b>	<b>State/Zip:</b>
<b>Email Address:</b>			
<b>Phone:</b>	<b>Other Phone:</b>		<b>Age (if under 21):</b>
<b>Date:</b>	<b>Occupation:</b>	<b>Hours:</b>	
<b>Please list a personal reference:</b>			
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>	
<b>Please list an emergency contact (for microchip registration information):</b>			
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>	
<b>Your Veterinarian:</b>			
<b>Name:</b>	<b>Clinic/Hospital:</b>		
<b>Address:</b>	<b>Phone:</b>		
Have you ever adopted from an animal shelter/rescue before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when/where:
Why do you want a dog?	Can you commit to care for the dog you adopt for its whole life?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will have primary responsibility for the care and feeding of your new dog?			
<b>Your Dogs:</b>			
How many dogs do you now have?	<b>Breed/Mix:</b>	<b>Names/Ages:</b>	
Do your dogs have any behavioral or dominance problems?			
Do they get along with other dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Your Cats:</b>			
How many cats do you now have?	<b>Names/Ages</b>	<b>Are they declawed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any behavioral or physical problems?			
Do they get along with dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Your Home:</b>			
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many children do you have?	Ages:	
Number of adults in your home?	Do you own/ rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	If you rent, do you have written permission to have dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord's name:		Phone:	
Type of Residence:	<input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Single Family Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____		
Any community restrictions on dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Anyone at home allergic to dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pets you have had during the last 10 years which you no longer have:</b>			
Type/Breed	Where Kept	Neutered/Spayed	Why do you no longer have pet?
<b><i>How will your new dog spend its days? (check everything that applies):</i></b>			
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Crated <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Porch <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Tied Out <input type="checkbox"/> Dog House <input type="checkbox"/> Kennel Run <input type="checkbox"/> Other: _____			
<b><i>How will your new dog spend its nights? (check everything that applies):</i></b>			
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Crated <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Porch <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Tied Out <input type="checkbox"/> Dog House <input type="checkbox"/> Kennel Run <input type="checkbox"/> Other: _____			
<b><i>This pet will be alone for about:</i></b>	<b><i>Hours per day</i></b>	<b><i>Days per week:</i></b>	
It may take you pet 2-3 weeks or longer to adjust to its new home. Are you prepared to allow this much time?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If necessary, are you willing/able to spend the time to housetrain your new dog?			<input type="checkbox"/> Yes <input type="checkbox"/> No
It is very important to keep your dog on a leash outside or in a fenced outdoor area. Will you able to do this?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How will your new dog be exercised?			

**NOTE: Hope Animal Rescue accepts adoption fees in the form of cash, personal check or credit card\*.  
\*3% card fee will be added to adoption fee.**



You agree to allow us to visit your home by appointment if deemed necessary. All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly. I/we understand that there is an adoption fee involved for each pet that I/we wish to adopt from Hope Animal Rescue.

Your Name (print):		Signature:	
HAR Staff (print):		HAR Signature:	

Email completed form to: [HARoflowa@gmail.com](mailto:HARoflowa@gmail.com)  
 Mail\* completed form to: Hope Animal Rescue, PO Box 31222, Des Moines, IA 50310

\*Mailing will delay the process receipt and process of form and animal may not be available when received.