

Application for Canine Guardianship

Return by email to battlemountainhumanesociety@yahoo.com

Contact Information

Applicant name:

Street:

City: State: Zip:

Home phone: Work phone:

Cell phone: Email:

Dog Preferences

Name of specific dog:

Breed: Age range:

Gender preferred:

Questionnaire

Occupation/employer:

Veterinarian reference: phone:

Personal reference : phone:

Rent/own?: Landlord: phone:

Type of Property? (apartment,house, ect.):

Fenced yard?: type, size, height:

Kennel run: Size: When used?:

Number of children in household (full and part time.):

Children ages and genders:

Number of adults in the household (full and part time.):

Adult ages and genders:

Number of other dogs: , cats: , other small animals:

Breed, age, gender (spayed/neutered?) of dogs:

Can you provide proof of vaccinations for these pets?:

Primary caregiver of new dog:

How will this dog be exercised?:

Where will the dog stay at night?:

Where will the dog stay during the day?:

Will you use a tie-out, cable, or chain to restrain your dog outside?:

Is there an adult home during the day?:

Do you plan to take this dog to obedience training?:

Do you own a pickup truck?: If so, where will the dog ride?:

Who will care for your dog in case of emergency or when you're on vacation?:

How many hours a day will your dog be alone?:

Activities you participate in that will include your dog:

Hiking _____ Swimming _____ Hunting _____ Agility _____ Camping _____
Other _____

Your level of experience as a dog guardian: Very experienced _____ Some experience _____
No experience _____

Have you had previous experience with rescue dogs? If so, please give details:

Do you intend to provide your dog with a loving home for the rest of his/her life?:

What characteristics do you expect of this dog?:

Under what circumstances would you consider surrendering your dog?:

Have you had any dogs in the past 5 years that you no longer have?:

If so, what happened?:

How would you describe your levels of energy and activity? _____ Couch potato _____ Moderate
energy _____ Active
_____ Energizer bunny / high drive _____ Other

Would you consider a special needs dog, such as one that requires daily medication or has a disability?:

Are you prepared to adopt: Now _____ Later _____ When _____

Do you agree to a home check?

Any additional comments you would like to share with the individuals or committee reviewing your application:

A rescue dog MAY have experienced an unfortunate history of one or more of the following: neglect, abuse, abandonment, loneliness, insecurity, distrust. A period of adjustment (days for some, weeks for others) should be expected in some instances. Often the new dog is so grateful and overwhelmed with your show of love, devotion and consistency that she/he relaxes immediately and opens her/his heart to you. In either case, a rescue dog is almost always grateful, loyal, very affectionate, eager to please and very companionable. Submission of your application does not guarantee placement of a dog. Applicants must agree to a home visit if asked for one.

I understand that any misrepresentation of fact may result in the removal of the placed dog from my home. I understand that Battle Mountain Humane Society is not responsible for the accuracy of information received about the temperament habits or physical condition of dogs available for adoption. Battle Mountain Humane Society is neither liable nor responsible for any damage, injury or accident resulting from the placement of this dog. I will accept the responsibilities for the health, housing, feeding, training and companionship of this dog.

Applicant's signature _____ Date _____