

**OFFICE USE ONLY**

Status: \_\_\_\_\_

Vet Appt: \_\_\_\_\_

H.V.: \_\_\_\_\_

Pick-up: \_\_\_\_\_

Denial: \_\_\_\_\_



No Kill 🐾 Non-Profit 🐾 Rescue Shelter  
 www.HaloRescueFL.org 772.589.PAWS(7297)

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Adoption: \$ \_\_\_\_\_ .

HW: \$ \_\_\_\_\_ .

F&amp;T: \$ \_\_\_\_\_ .

Groom: \$ \_\_\_\_\_ .

Total \$ \_\_\_\_\_ .

App. Fee/Deposit -\$ \_\_\_\_\_ .

Balance Due: \$ \_\_\_\_\_ .

**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 _____	
<b>Applicant Information</b>		
Name:	Date of Birth:	
Address:		
City:	State:	Zip:
Phone #: Home:	Work:	Cell:
E-mail Address:		
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
<b>Co-Applicant Information</b>		
Name:	Relationship:	
Phone #: 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
<b>General Information</b>		
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)			
In the absence of the primary caregiver, who will care for the pet?				
Under what circumstances would you return the pet to us? <input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness <input type="checkbox"/> Other – specify				
Are you willing to take responsibility if this pet acquires an illness for tests positive for heartworms? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you willing and able to pay the veterinary costs of caring for your new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you willing to take the time to work with a pet on housebreaking or chewing, if such problems arise? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Would you consider obedience training for your new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How much time are you prepared to allow for your new pet to adjust to your home?				
<b>Pet Information</b>				
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following chart			
<i>Name / Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will your pet be on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware that a pet is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about the H.A.L.O.?			Would you like to become a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Personal References</b>				
# 1 Name:			Relationship:	
Phone:			Best time to contact:	
Comments:				

In completing this application I hereby affirm that all information given is true and accurate to the best of my knowledge. I also acknowledge that should any of the information on this application prove false, or should I misrepresent myself in any way my application will be denied. I also understand that the application fee of \$25.00 is a **ONE-TIME, NON-REFUNDABLE** fee. Should I choose to cancel this adoption or should my application be denied for any reason, this fee will not be refunded.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_

\_\_\_\_\_

Signature of H.A.L.O. representative

Date

Printed name



## **HEARTWORM PREVENTION**

It only takes one mosquito bite! A single bite can transmit larvae that develop and migrate to your dog's heart where they multiply and cause heartworm disease. Heartworm disease is invisible and can be fatal. Please use prevention and keep your dog protected.

Heartworm prevention is veterinarian regulated. For rescues, we can dispense a one year supply to you at cost. When your rabies vaccine expires and you consult your veterinarian you must purchase through them.

If you choose not to purchase heartworm pills from us, we do require that at the time of the home visit you have at least a one month supply available to give your new pet. Rescuing many years, this year we have seen the highest cases of heartworm disease. We continue to take all efforts to ensure your dog is protected and will not suffer from this terrible disease.

I have read and understand the importance of heartworm prevention. \_\_\_\_\_  
Signature Date

I \_\_\_do\_\_\_do not (check one) wish to purchase heartworm prevention at this time.