

Homeward Bound Pet Rescue
PO Box 4335 Irmo, SC 29063 | 803-454-9094(call/fax)
Email: Homewardboundrescue@hotmail.com

Application To Foster or Adopt A Pet

Adopting or fostering a pet is a serious commitment.

This information will help us find the right pet for your family!

| | | | | | |
|---|--|--|-----------------------------------|-----------------|----------------|
| Name: _____ | | <input type="checkbox"/> Spouse/ Partner | <input type="checkbox"/> Roommate | Name: _____ | |
| Address: _____ | | City _____ | | State _____ | Zip Code _____ |
| Phone: (H) _____ | | (W) _____ | | (C) _____ | |
| E-mail: _____ | | | | | |
| Age: _____ | | Occupation: _____ | | Employer: _____ | |
| Please list three personal references and their relationship to you: | | | | | |
| Name _____ | | Relationship _____ | | Phone _____ | |
| Name _____ | | Relationship _____ | | Phone _____ | |
| Name _____ | | Relationship _____ | | Phone _____ | |

| | | | | | |
|---|-----------|-----------------|--|------------|--|
| Please describe the kind of dog you are interested in fostering or adopting: | | | | | |
| Age _____ | Sex _____ | Breed/mix _____ | | Size _____ | |
| If adopting, why would you like to adopt a dog? <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> To Breed <input type="checkbox"/> For a Child | | | | | |
| <input type="checkbox"/> As Guard Dog <input type="checkbox"/> Companion for Another Pet <input type="checkbox"/> Other _____ | | | | | |
| Will it be a working dog? <input type="checkbox"/> Yes <input type="checkbox"/> No Will it be a hunting dog? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| I am comfortable training my dog to improve manners and reduce destructive behavior. | | | | | |
| Very <input type="checkbox"/> Some <input type="checkbox"/> Not at all <input type="checkbox"/> | | | | | |

| | |
|---|--|
| Please provide the following information about your pets (if any), your children (if any) and your home: | |
| Your dogs: | |
| Have you previously adopted from Homeward Bound Pet Resue? <input type="checkbox"/> Yes <input type="checkbox"/> No Where is the pet now? _____ | |
| Current dogs: List the Name/Age/Breed/Mix of the dogs you currently have: _____ | |
| Previous dogs: List the names of any dogs (not listed above) you've owned in the last 10 years and current location: _____ | |
| Did you: buy <input type="checkbox"/> From breeder? <input type="checkbox"/> From a store? <input type="checkbox"/> Adopted from a shelter/rescue? <input type="checkbox"/> Inherited? <input type="checkbox"/> Rescued? <input type="checkbox"/> Other _____ | |
| Are/Were pets spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____ | |
| Are/Were pets on heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No What type: _____ | |

Your cats:

How many cats do you have? Ages Do they get along with dogs?

Please list the names of any cats you've owned in the last 10 years:

Your veterinarian:

Name Address City State Zip Code

May we call your veterinarian for a reference? ☐ Yes ☐ No Telephone Number

What is the name on the account your pet is/was seen under?

Please list the name(s) of pets seen by this veterinarian?

To avoid delay processing your application, contact your veterinarian to give permission to speak with Homeward Bound Pet Rescue

Your home:

Number of adults? ☐ Own ☐ Rent Number of children? Ages

Have they ever been afraid of dogs?

Landlord's name Telephone Number

If you rent, do you have written permission from your landlord to have a dog?

Do all adults in household know you wish to foster or adopt?

Do you live in: ☐ apartment ☐ duplex ☐ townhouse ☐ single house ☐ mobile home ☐ other: _____

Yard info: Fenced? ☐ Yes ☐ No Type? ☐ privacy-all sides ☐ chain link-all sides ☐ underground height?

Your New Dog:

Explain how/where your dog will spend its days: _____

Explain how/where your dog will spend its nights: _____

If adopting, what will happen to your dog when you have to travel or have an emergency away from your home? *(Check everything that applies)* ☐ Pet sitter ☐ Family member will look after ☐ Board at kennel

☐ Will take with me ☐ Leave in yard ☐ Leave in house Other: _____

How many hours do you leave your pets alone each day? ☐ 2-4 ☐ 4-6 ☐ 6-8 ☐ 8-10 ☐ 10-12 ☐ 12-14 ☐ 14+

If adopting, under what circumstances might you consider giving up your pet? *(Check everything that applies)*

☐ Moving ☐ Baby ☐ Not Getting Along with Other Pets ☐ Behavioral Problems ☐ Children Lost Interest

☐ Too Time Consuming ☐ Allergies ☐ Separation/Divorce ☐ Medical Problems ☐ Other _____

If adopting, are you willing to make a 10-15 year commitment for this animal? ☐ Yes ☐ No

If adopting, are you financially able to provide monthly heartworm prevention for your pet and will you commit to do so? ☐ Yes ☐ No

Home visit. I/we agree to allow you to visit my/our home by appointment as part of our application or your follow-up process. ☐ Yes ☐ No

Application Information. 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. ☐ Yes ☐ No

Signature:

Date: