|  |  |
| --- | --- |
|  | *PO Box 1344*  *Boyd, TX 76023*  *817 307 0373*  *[chewyshope@yahoo.com](mailto:chewyshope@yahoo.com?subject=Chewys%20Hope%20Application)*  *www.chewyshope.com* |

**ADOPTION APPLICATION**

**NOTE:** If you are having trouble updating the form, locate **View** at the top of the page and select **Edit Document.**

Thank you for contacting Chewy’s Hope about adopting a new family member. Our goal is to get dogs out of kill shelters, off chains, out of pens and off the street into responsible and loving permanent homes. We are committed to matching the right dog to the right family for many happy years together. The adoption process includes the completion of this application, veterinary and personal reference checks, a home visit prior to approval and then a contract and adoption fee upon adoption.

The adoption fees are:

* $175.00 for dogs under 6 years of age
* $150.00 for 6 years or older

**All items must be completely filled in to facilitate the application process.**

**Today’s Date:** Click here to enter a date.

**How did you hear about Chewy’s Hope?** Click here to enter text.

**List any specific dogs you are interested in discussing:** Click here to enter text.

**What is your reason for wanting a dog?** Click here to enter text.

**What are you looking for in a dog, for example gender, age, breed, size, color, energy level?** Click here to enter text.

**Where will the dog stay when you are home?** Click here to enter text.

**Where would the dog stay when you are not home?** Click here to enter text.

**Where would the dog stay when you are out of town?** Click here to enter text.

**APPLICANT INFORMATION**

**First and Last Name:** Click here to enter text.

**Home Address, City, State and Zip:** Click here to enter text.

**How long have you lived at this address?** Click here to enter text.

**If less than 2 years, what is the previous address?** Click here to enter text.

**Contact Phone Number(s) Mobile:** Click here to enter text. **Home/Other:** Click here to enter text.

**Email Address:** Click here to enter text.

**Occupation:** Click here to enter text. **How many hours are you gone from home daily?** Click here to enter text.

**HOUSEHOLD MEMBERS**

**(Please list everyone that lives in your home)**

**Name Relationship Age Special considerations Desire to have a pet?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**PET HISTORY**

**(List all pets in your household over the last 5 years, if you need more space add to bottom of the application)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Species** | **Breed** | **Age** | **Gender** | **Current Status** | **Size** | **Temperament** | **Current Care w dates/meds/medical issues** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Rabies  Vaccines  Heartworm  Microchip  Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Rabies  Vaccines  Heartworm  Microchip  Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Rabies  Vaccines  Heartworm  Microchip  Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Rabies  Vaccines  Heartworm  Microchip  Click here to enter text. |

**Have you ever given up/surrendered an animal?** Click here to enter text. **Please provide the circumstances and contact for the animal(s) currently.** Click here to enter text.

**Have you adopted from a rescue?** Click here to enter text. **Please provide the rescue name, a contact name and phone?** Click here to enter text.

**REFERENCES**

**Contact Name/Clinic and City/State Phone/Email**

|  |  |  |
| --- | --- | --- |
| **Current Veterinarian** | Click here to enter text. | Click here to enter text. |
| **Personal (Non-Family)** | Click here to enter text. | Click here to enter text. |
| **Other** | Click here to enter text. | Click here to enter text. |

**CURRENT HOME**

**Rent or Own?** Click here to enter text. **Home in a neighborhood, apartment or acreage?** Click here to enter text.

**Is your yard securely fenced?** Click here to enter text. **Yard Size:** Click here to enter text.

**Fencing Type:** Click here to enter text. **Fencing Height:** Click here to enter text.

**Is there a gate?**Click here to enter text. **Is it locked?** Click here to enter text.

**Renting? Please provide the landlord name, phone and property requirements for pets:** Click here to enter text.

**Adoption Commitments**

**If you ever had to surrender a Chewy’s Hope dog, for any reason, do you promise to return it back to Chewy’s Hope and not try to rehome it yourself?** Click here to enter text.

**Are you willing to crate the dog for safety reasons?** Click here to enter text.

**Are you willing to take your dog to obedience classes?** Click here to enter text.

**By my signature below, I commit that all answers above are true to the best of my ability.**

**SIGNATURE** Click here to enter text.

Please return this completed application to a Chewy’s Hope representative or email to [chewyshope@yahoo.com](mailto:chewyshope@yahoo.com?subject=Chewys%20Hope%20Adoption%20Application) or snail mail to Chewy’s Hope, PO Box 1344, Boyd Texas 76023