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| --- | --- |
|   | *PO Box 1344**Boyd, TX 76023**817 307 0373**chewyshope@yahoo.com**www.chewyshope.com* |

**ADOPTION APPLICATION**

Thank you for your interest in Chewy’s Hope and 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 completed to not delay your application processing.**

**Today’s Date:**

**APPLICANT INFORMATION**

**First and Last Name:**

**Home Address, City, State and Zip:**

**How long have you lived at this address?**

**If less than 2 years, what is your previous address?**

**Contact Mobile Number:**  **Home/Other:**

**Email Address:**

**Occupation: How many hours are you gone from home daily?**

**HOUSEHOLD MEMBER INFORMATION**

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

**Name Relationship Age Occupation / Responsibility for Pet / Interest in having a pet?**

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**PET HISTORY INFORMATION**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Breed** | **Age** | **Gender** | **Where is the pet today?** | **Size****(L,M,S)** | **Temperament** | **Current on Vet Care? Y/N** |
|  |  |  |  |  |  |  | RabiesVaccinesHeartworm |
|  |  |  |  |  |  |  | RabiesVaccinesHeartworm |
|  |  |  |  |  |  |  | RabiesVaccinesHeartworm |
|  |  |  |  |  |  |  | RabiesVaccinesHeartworm |

**Have you ever given up/surrendered an animal?**

**Please provide the circumstances or contact information for the animal(s) today.**

**Have you adopted from a rescue?**

**Please provide rescue or shelter information?**

**REFERENCE INFORMATION**

**(CH will contact as part of the adoption process)**

 **Contact Name Relationship, City/State Phone and Email**

|  |  |  |
| --- | --- | --- |
| **Current Veterinarian** |  |  |
| **Personal (Non-Family)** |  |  |
| **Other** |  |  |

**HOME INFORMATION**

**Rent or Own? Location in a neighborhood, apartment or acreage?**

**Renting? Please provide the landlord name, phone and property requirements for pets:**

**Is your yard securely fenced? Yard Size:**

**Fencing Type: Is there a gate?**

**Fencing Height: Does the gate have a lock?**

**What is your reason for wanting a dog?**

**What are you looking for in a dog, for example gender, age, breed, size, color, energy level?**

**Where will the dog stay when you are home?**

**Where would the dog stay when you are not home?**

**Where would the dog stay when you are out of town?**

**List any specific dogs you are interested in discussing:**

**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?**

**Are you willing to crate the dog for safety reasons?**

**Are you willing to take your dog to obedience classes?**

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

**SIGNATURE**

Please return this completed application to a Chewy’s Hope representative, email to chewyshope@yahoo.com or snail mail to Chewy’s Hope, PO Box 1344, Boyd, Texas 76023

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