



100 CROY CREEK ROAD P.O. BOX 1496 HAILEY ID 83333
TELEPHONE: 208-788-4351 FAX: 208-788-3601

DOG/ PUPPY ADOPTION APPLICATION

The dog introduction and process to complete this adoption contract can take up to 45 minutes. If this adoption process is started within 15 minutes of the Shelter's closing time, the final steps may be pushed into the next day. Animals not able to go home with their potential adopters will be held for that person until the next business day.

Date of Application: _____ Email address: _____

Name of Adopter: _____ Are you 18 or over? Yes No

Driver's License#: _____

Street Address: _____ City of Residence: _____ State: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ Cell

Phone: _____ Work phone: _____ Home Phone: _____

Name of Relative/Friend: _____ Phone: _____

How did you hear of our shelter? Paper Friends Radio/TV Social Media Other agency (name) _____

** Animal Desired: Puppy Dog Age: _____ Gender: Male Female

**Breed(s) Desired: _____

Traits: _____

To ensure that this pet adoption is in the best interest of both you and the animal you select, we ask that you answer the following questions honestly:

1. Is this your first time adopting from our Shelter? Yes No

2. Is this your first time adopting from any shelter? Yes No

If yes, which Shelter? _____ When? _____ Dog Cat Other

3. Do you Own Rent Lease? Unless you own your home, please provide us with the following:

Owner/Manager of Property: _____ Phone: _____ 4. Do you have

any children under 8 years old, living in the home or that might visit often? Yes No

5. Are you interested in our dog training class? Yes No

6. What is the level activity you have planned for the dog? (This is particularly important in order to ensure we are placing specific high energy breeds into highly active homes.)

7. Do you have a regular veterinarian? No Yes

8. Are you interested in receiving information about our Shelter and programs? No Yes

Signature of Applicant(s): _____

I certify that the above is true and understand that false information may result in nullifying this adoption. I understand that this application remains the property of the Shelter. Please return to a Shelter adoption staff member so we may review the application with you. The entire adoption process usually takes about an hour.

FOR STAFF USE ONLY

Interviewing Manager: _____

Landlord approval: name/ date contacted _____

Manager Approval: _____

Pending Reason: _____

Denial Reason: _____