

# WAGGING HEARTS

## Adoption Application

Thank you for your interest in adopting a companion animal from Wagging Hearts. The adoption of a pet is a responsibility not to be taken lightly. By adopting a pet you are committing to care for the pet throughout its entire life, which may be in excess of 18 years. This application may prompt you to think of some questions you haven't considered before. Please take your time and consider each question carefully.

The application below should be completed by the individual who will be primarily responsible for the daily care of the adopted animal. If additional space is needed to provide a comprehensive answer to any question, please complete the answer on a separate piece of paper and attach it to the application.

**Name of animal(s) of interest:** \_\_\_\_\_

APPLICANT GENERAL INFORMATION			
Primary Applicant	Last Name	First	M.I.
	Street Address	Apartment/Unit #	
	City	State	ZIP
	Phone	Alternate Phone	
	Email Address	Birthdate	
Secondary Applicant	Last Name	First	M.I.
	Street Address	Apartment/Unit #	
	City	State	ZIP
	Phone	Alternate Phone	
	Email Address	Birthdate	
Do you own or rent your residence? OWN (skip next question) <input type="checkbox"/> RENT <input type="checkbox"/>			
If you rent, do you have your landlord's permission to have pets? YES (Proof may be required) <input type="checkbox"/> NO <input type="checkbox"/>			
If you rent, please provide your landlord's name and phone number.			
Type of residence: SINGLE FAMILY <input type="checkbox"/> APARTMENT/CONDO <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> OTHER <input type="checkbox"/>			
How long have you been at your current residence?			
Do you have a fenced in yard? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, what type of fence and how high?			
List the other people who live at your residence in addition to yourself. If children reside at the residence (either full or part-time), please include their ages.			
_____			
_____			
_____			
If other individuals reside at your home, do you have the consent of all these individuals to adopt an animal? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Does anyone in your residence allergic to cats or dogs? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Does anyone at your residence have a fear of cats or dogs? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**APPLICANT GENERAL INFORMATION (CONTINUED)**

Have you been convicted of a crime within the last 7 years? YES  NO  If YES, please explain:

Does the Primary Applicant work away from the home?

YES  NO

Does the Secondary Applicant work away from the home?

YES  NO

Employer of Primary Applicant:

Employer of Secondary Applicant:

**ANIMAL CARE EXPERIENCE**

Please provide the name, and breed of any pets you have cared for during your adult life, and the gender and age of animal(s) currently in your care. If none, please skip to the next section.

\_\_\_\_\_  
\_\_\_\_\_

Do you currently care for any other animals? YES  NO

Please provide the name and phone number of your veterinarian.

When was your pet's last visit to this veterinarian and why?

Are all current pets up to date on their vaccinations? YES  NO

Are all current pets spayed/neutered? YES  NO

If you own cats, are they declawed? YES  NO

If you own cats have they been tested for feline leukemia and FIV (feline AIDS)? YES  NO  If YES, what were the test results of both? POSITIVE FOR LEUKEMIA  POSITIVE FOR FIV  NEGATIVE FOR BOTH

If you own dogs, are they given heartworm prevention monthly? YES  NO

Have you ever had a pet pass away as a result of illness or serious injury? YES  NO

Have you ever lost a pet? YES  NO

Have you ever had to euthanize an animal? YES  NO

Have you ever had to give up a pet? YES  NO

**CARING FOR AN ADOPTIVE PET**

Why do you want to adopt a pet? (Check all that apply) COMPANION  GIFT  WATCH DOG  OTHER

Why do you have an interest in this specific pet?

Have you done any research regarding this specific breed of pet? YES  NO

Are you willing and able to pay the veterinary costs associated with properly caring for this pet? YES  NO

Are you willing and able to medicate an animal if necessary (ranging from daily prescription medications to monthly heartworm pills)? YES  NO

### CARING FOR AN ADOPTIVE PET (CONTINUED)

How much do you expect to spend on maintenance for your pet in a year?

Are you willing to housetrain a dog or litter box train a cat? YES  NO

How many hours a day would your pet(s) be home alone?

Where would the animal stay when you **ARE** at home?

LOOSE INSIDE  CRATED/CONFINED INSIDE  LOOSE OUTSIDE  KENNEL RUN/FENCED AREA OUTSIDE   
TIED/CHAINED OUTSIDE  OTHER

Where would the animal stay when you **ARE NOT** at home?

LOOSE INSIDE  CRATED/CONFINED INSIDE  LOOSE OUTSIDE  KENNEL RUN/FENCED AREA OUTSIDE   
TIED/CHAINED OUTSIDE  OTHER

If the animal is outside other than for supervised activities describe what shelter would be available for it.

SHED  DOGHOUSE  COVERED PORCH  TREES  WILL NOT BE OUTSIDE UNSUPERVISED

Describe your yard. Does it have a fence, kennel run, or other? If fenced what is the height of the fence, type of fence, and approximate size of the fenced in area? Please also include the number of gates and if these gates have security locks or latches.

Wagging Hearts recommends new pets stay separated from other animals in the home for two weeks. If you have other animals in your home how do you plan to keep them separated for the first two weeks?

How much time are you prepared to allow for your new pet to adjust to your home?

**IF adopting a dog:** Would you consider obedience training for your new dog? YES  NO

Under what circumstances would you return a pet to us?

BARKING/NOISY  HOUSEBREAKING  CHEWING  JUMPING  SHYNESS/OTHER FEARS  SHEDDING   
DIGGING  SCRATCHING/CLIMBING ON FURNITURE  PERSONAL ILLNESS  YOUR NEED TO MOVE  NEW JOB   
DIVORCE  NEW BABY  OTHER

### REFERENCES

Please provide three personal references (do not include family members).

Reference #1 Name	Phone	Relationship
Reference #2 Name	Phone	Relationship
Reference #3 Name	Phone	Relationship

### DISCLAIMER AND SIGNATURE

I have read the above information carefully and I have answered the Adoption Application questions honestly. I give Wagging Hearts permission to fully investigate the information provided on this application and to contact all references and veterinarians provided. I understand that the omission of information and/or failure to answer all questions can result in this application being declined. If an omission or untruth is discovered after an adoption occurs I understand that Wagging Hearts has the right to annul the adoption and reclaim the pet.

Signature

Date

**INSTRUCTIONS FOR COMPLETED APPLICATIONS**

Completed applications may be mailed to:  
Linda Stancato, Director of Operations  
Wagging Hearts  
260 E Belvidere Rd. #3369  
Hainesville, IL 60030

Emailed to: [adoptions@wagginghearts.org](mailto:adoptions@wagginghearts.org)

OR faxed to: 1-855-WAGGING (Attention: Adoptions)

A representative of Wagging Hearts will contact you via the phone number or email address provided within 24 hours regarding the status of your application. You may be asked to schedule an in-person interview that will take place at your residence.

**APPLICATION REVIEW (TO BE COMPLETED BY WAGGING HEARTS REPRESENTATIVE ONLY)**

Questions/Concerns regarding application responses:

Initial application review: PROCEED TO INTERVIEW  DENIED

Reviewed by: \_\_\_\_\_

Applicant contacted by \_\_\_\_\_ on \_\_\_\_\_  
(Wagging Hearts Representative) (Date)

Phone interview scheduled for \_\_\_\_\_

Notes: