



Havanese Rescue Inc Adoption Application

Thank you for your interest in adopting a Havanese! Please complete all sections of this form and return it to the individual who provided it to you.

Personal Information:

Date: <input type="text"/>	First name: <input type="text"/>	Last Name: <input type="text"/>
Address: <input type="text"/>		City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Home Phone Number: <input type="text"/>	Work Phone Number: <input type="text"/>	
Best Time to Call: <input type="text"/>	Email Address: <input type="text"/>	
Occupation: <input type="text"/>	Age of Applicant: <input type="text"/>	

Household Information:

Please list the following information for each person, other than the applicant above, who will be living in the household with the dog (please list spouse or significant other first):

Name	Age	Relationship	Occupation	Employer
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Who will be the primary caregiver for this dog?

Is everyone in the household aware of and agreeable to your interest in adopting? Yes No (if NO, please explain)

Please identify other people who may be in your home frequently (i.e., do you babysit children for grandchildren, run a business out of your home, etc.):

Type of Dog:

Why do you want to adopt a Havanese? Check all that apply.

Would you be willing to adopt a Havanese mix? <input type="checkbox"/> YES <input type="checkbox"/> NO purebred only (if purebred only please explain) <input type="text"/>	Do you prefer to have a male or female dog? <input type="checkbox"/> No preference <input type="checkbox"/> Male only (please explain <input type="text"/>) <input type="checkbox"/> Female only (please explain <input type="text"/>)
Do you have any preference about the age of the dog? <input type="checkbox"/> No Preference <input type="checkbox"/> I prefer a puppy (1-12 mo) <input type="checkbox"/> I prefer Senior (13+ years) <input type="checkbox"/> I prefer middle age (8-12 years) <input type="checkbox"/> I prefer Young (1-7 years)	Have you ever adopted a rescued dog before? <input type="checkbox"/> NO, never adopted. <input type="checkbox"/> YES - Adopted before If you worked with a shelter or another rescue group, please provide details. <input type="text"/>
Would you adopt a dog that was not house-trained? <input type="checkbox"/> YES <input type="checkbox"/> NO	Would you adopt a dog that had temperament issues? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any experience in working with dogs in the following areas: <input type="checkbox"/> Housetraining <input type="checkbox"/> Abused/Neglected Dogs <input type="checkbox"/> Aggression <input type="checkbox"/> Shyness <input type="checkbox"/> Puppymill Dogs <input type="checkbox"/> Physical Handicaps (blindness, deafness, etc.) <input type="checkbox"/> Other, please explain: <input type="text"/>	Are you willing to provide medical treatment to the dog? Check all that apply: <input type="checkbox"/> Monthly Heart Worm Preventati <input type="checkbox"/> Monthly Flea and Tick Treatments (if needed) <input type="checkbox"/> Daily Meds for various condition <input type="checkbox"/> Injections (for diabetes, etc.) <input type="checkbox"/> IV fluids (for kidney disease)

Dog History:

Have you ever owned any dogs? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many dogs have you owned in the last 10 years? <input type="text"/>
Briefly describe what happened to the dog(s) you no longer have: <input type="text"/>	
Do you currently own any dogs? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many dogs do you currently own? <input type="text"/>

Please indicate the following for each dog you currently own:

Name	Sex	Age	Breed	Spayed/Neutered
<input type="text"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Cat History:

Have you ever owned any cat(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many cats have you owned in the last 10 years? <input type="text"/>
Briefly describe what happened to the cat(s) you no longer have: <input type="text"/>	
How many cat(s) do you currently own? <input type="text"/>	Are they indoor or outdoor cat(s)? <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR
Please describe how your cats interact with dogs: <input type="text"/>	Please enter any additional comments regarding your cat(s) here: <input type="text"/>

Other Pet Information:

Do you currently own any pets other than dogs or cats? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name	Type	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
How do these pets interact with dogs? <input type="text"/>		

Additional Pet Information:

Have you ever lost, surrendered to a shelter/rescue, placed in another home, or given a pet away? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, why? <input type="text"/>
Do any of your pets have characteristics that Havanese Rescue should be aware of? <input type="text"/>

Veterinarian and Medical Information:

Please provide the name of the veterinarian who can confirm vaccination and heart worm testing records for your current pet(s). If you do not currently have a pet, please provide the name of a veterinarian who cared for your pet(s) within the last five years. If another member of your household owned the pet(s), veterinarian information must be provided.

First Name: <input type="text"/>	Last Name: <input type="text"/>	Clinic: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Phone w/area code: <input type="text"/>		
Is this the vet you currently use? <input type="checkbox"/> YES <input type="checkbox"/> NO	If this is not your current vet, please explain: <input type="text"/>	

Residence Information:

Type of dwelling:
 APARTMENT CONDO HOUSE TOWNHOME TRAILER How long at this address?

Do you? RENT OWN If you rent, do you have the landlord's permission to keep a dog? YES NO

Have you verified that you will not be violating any city or town ordinances/association by-laws/tenancy rules/etc. related to the number or size of dogs you can have in your house if you adopt a Havanese? YES NO

Landlord Information (if applicable):

First Name	Last Name	Company	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any future plans to move? YES NO

Containment Information:

Do you currently have a fenced yard? YES NO

If YES, please specify the height(s) – check all that apply and explain:

 UNDER 4 FT. 5 FEET
 4 FEET 6 FT. OR HIGHER

And the type:
 CHAIN LINK PRIVACY
 INVISIBLE
 OTHER (please specify)

If you indicated you do not have a fence, how do you plan to handle exercise and toilet duties (please explain in detail)?

The Adopted Dog: Where will the dog spend the day (check all that apply)?

<input type="checkbox"/> Loose indoors	<input type="checkbox"/> Garage	<input type="checkbox"/> Outside kennel run
<input type="checkbox"/> Crate	<input type="checkbox"/> Loose outdoors	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Basement	<input type="checkbox"/> Tied up outdoors	<input type="text"/>

Where will the dog spend the night (check all that apply)?

<input type="checkbox"/> Loose indoors	<input type="checkbox"/> Garage	<input type="checkbox"/> Outside kennel run
<input type="checkbox"/> Crate	<input type="checkbox"/> Loose outdoors	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Basement	<input type="checkbox"/> Tied up outdoors	<input type="text"/>

How many hours per day, on average, will the dog spend alone? <input type="text"/>	Is someone home during the day? <input type="text"/>
Who will care for the dog in your absence? <input type="text"/>	What are your work hours? <input type="text"/>

Other Information:

Do you agree to allow a representative of Havanese Rescue to visit your home by appointment? YES NO

Please provide a list of four (4) references (only 3 will be contacted), only ONE of which may be a relative, who are familiar with your home and pets. You must include a phone number for each reference.

Name:	Relationship:	Phone Number(s):
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide any other information which you wish us to consider in evaluating your application:

Havanese Rescue Inc reserves the right to refuse or deny any application. By submitting this form you attest that all the information contained in this application is complete and truthful. In addition, you expressly authorize Havanese Rescue Inc to verify the information on this application. Any misrepresentation will constitute grounds for automatic rejection.

By submitting this form or acting upon any information provided by Havanese Rescue Inc (HRI), you are agreeing to forever, release, discharge, hold harmless and indemnify: any and all entities, corporations, and persons that are associated in any manner with Havanese Rescue Inc, the information, or the dogs; charged or chargeable with responsibility or liability, which includes but is not limited to: Havanese Rescue Inc and its Board of Directors, Rescue Volunteers, Web Designers, etc., including their heirs, administrators, executors, successors and assigns; from any and all claims, damages, costs, expenses, loss of services, actions and causes of action belonging to you and any other persons, corporations, or entities, arising out of viewing, using, or acting upon said information, which includes but is not limited to: any and all injuries, damages, or claims resulting from placing, obtaining or maintaining a dog or dogs.

Adopter:

Checking this box indicates my agreement to the above conditions.

Name of person submitting application:

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