



# THE HEALTHY HEARTS & PAWS PROJECT

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## THE HEALTHY HEARTS AND PAWS PROJECT ADOPTION APPLICATION

Welcome to The Healthy Hearts and Paws Project adoption program! We are glad you have come to adopt a pet from our organization. Please make sure you completely fill out the application before submitting it. Missing information will delay the process and false information will result in your application automatically being denied.

The Healthy Hearts and Paws Project reserves the right to refuse adoption to anyone. No animal will be adopted with person(s) having a history of losing, giving away, selling or having animals injured or killed by moving vehicles. No animal will be adopted by individuals who mislead or fail to provide accurate information on the adoption application.

IN ORDER TO COMPLETE THE APPLICATION YOU MUST:

- Be 21 years of age or older
- Have identification showing your present address
- Have knowledge and consent of your landlord (including adult children living with parents)
- Be able and willing to spend the time necessary to provide training, medical treatment, and proper care and adoption exposure for a pet.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

What kind of pet are you interested in?  Dog  Puppy  Cat  Kitten  Other \_\_\_\_\_

Do you have a specific animal in mind?  Yes  No What is the animal's name? \_\_\_\_\_

How did you hear about The Healthy Hearts and Paws Project? (please circle)

Facebook SPCA Website Petfinder Petango Drive-by Other: \_\_\_\_\_

The following information is requested so that your foster counselor can assist you in the selection of a new pet. The animal's welfare is our foremost consideration.

The animals available for adoption come here from a variety of sources. All animals are examined by a veterinarian and routinely monitored while in our care, but there is always a chance that an animal is incubating a disease without showing any clinical signs.

1. Why do you want to adopt a pet? \_\_\_\_\_  
\_\_\_\_\_

2. Is this your first experience adopting a pet?  Yes  No

3. What pets do you currently have in your household and where did you obtain them?

**Name:** \_\_\_\_\_

Dog  Cat Spayed/Neutered  Yes  No Age: \_\_\_\_\_

Kept where:  In  Out Current on vaccinations:  Yes  No

**Name:** \_\_\_\_\_

Dog  Cat Spayed/Neutered  Yes  No Age: \_\_\_\_\_

Kept where:  In  Out Current on vaccinations:  Yes  No

**Name:** \_\_\_\_\_

Dog  Cat Spayed/Neutered  Yes  No Age: \_\_\_\_\_

Kept where:  In  Out Current on vaccinations:  Yes  No

**Name:** \_\_\_\_\_

Dog  Cat Spayed/Neutered  Yes  No Age: \_\_\_\_\_

Kept where:  In  Out Current on vaccinations:  Yes  No

4. List pets owned in the last 10 years other than those listed above and where they are now:

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5. Have you ever had to find another home for a pet? If so why? \_\_\_\_\_

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6. Who is your veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to release veterinary records to The Healthy Hearts and Paws Project for the purpose of this adoption. \_\_\_\_\_ (Initials)

7. Do you currently live in a  House  Apartment  Condo  Mobile Home  Duplex

8. Do you  Own  Rent

9. If you rent, does your lease allow pets?  Yes  No

If yes, please provide lease agreement or a number where your landlord can be reached to confirm you are allowed to have pets. \_\_\_\_\_

10. How long have you lived at the above address? \_\_\_\_\_

11. How many people live in your household? \_\_\_\_\_

Do all the adults know you plan to adopt?  Yes  No

If there are children in the household, what are their ages? \_\_\_\_\_

12. Do you or anyone in the household have any allergies to animal?  Yes  No

13. Who will be the primary caregiver of this animal? \_\_\_\_\_

14. Where will the pet be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

15. How many hours will it spend without human companionship and where will it be kept during that time? \_\_\_\_\_

16. Please list one personal reference (not related to you) and their phone number:

\_\_\_\_\_

17. What will you do if your dog/cat chews/claws the furniture or shows other destructive behaviors? \_\_\_\_\_

#### DOG FOSTERS ONLY

A. Do you have a fenced in yard?  Yes  No If yes, how high? \_\_\_\_\_

If no, how will you confine the dog to your property? \_\_\_\_\_

B. Are you prepared to housetrain your new dog or puppy?  Yes  No

C. Are you familiar with leash and licensing laws in your community?  Yes   
No

D. Are you familiar with crating?  Yes  No  
How do you feel about crating?

\_\_\_\_\_ Are you planning on crating

your new dog/puppy?  Yes  No

CAT ADOPTION ONLY

A. Will this cat be allowed outdoors?  Yes  No

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE. THANK YOU!**

Residence Check (Driver's License) \_\_\_\_\_

Current Address?  Yes  No

Landlord Approval \_\_\_\_\_ Copy Attached \_\_\_\_\_

Veterinary Reference \_\_\_\_\_

Personal Reference \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Foster Counselor: \_\_\_\_\_  Approved  Denied \_\_\_\_\_