

K9 HERO HAVEN ADOPTION APPLICATION

Thank you for considering adopting a working dog. Take a few moments to carefully read and complete this application. The decision to adopt a prior working dog is one that should be taken seriously. In order to ensure that you and your working dog will be happy for years to come, we need to take the time to discuss your expectations, the working dog's individual needs, and personality traits. Please answer all questions as thoroughly as possible. Adoptions are **NOT** granted on a first come first serve basis. Adoptions are based on the best interest of the working dog.

NOTE: This application requires one (1) notary signature on the last page.

PRIMARY APPLICANT'S INFORMATION									
LAST NAME:			FIRST NAME:						
ADDRESS:									
CITY:					STATE:		ZIP:		
PRIMARY PHONE:				SECONDARY PHONE:					
EMAIL ADDRESS:									
EMPLOYER:									
EMPLOYER ADDRESS:				EMPLOYER PHONE:					
EMPLOYER CITY:				EMPLOYER STATE:					
OCCUPATION:				JOB TITLE:					
WORK HOURS:				NUMBER OF DAYS PER WK:					
SPOUSE OR SIGNIFICANT OTHER INFORMATION									
LAST NAME:			FIRST NAME:						
ADDRESS:									
CITY:					STATE:		ZIP:		
PRIMARY PHONE:				SECONDARY PHONE:					
EMAIL ADDRESS:									
EMPLOYER:									
EMPLOYER ADDRESS:				EMPLOYER PHONE:					
EMPLOYER CITY:				EMPLOYER STATE:					
OCCUPATION:				JOB TITLE:					
WORK HOURS:				NUMBER OF DAYS PER WK:					
HOUSEHOLD INFORMATION									
LIST ANY ADULTS LIVING IN THE HOUSEHOLD					YES		NO		
NAME		AGE	SEX	OCCUPATION					
MAX. HOW MANY HOURS PER DAY DO YOU INTEND TO LEAVE THE ANIMAL ALONE:									
WHO WILL BE THE CARETAKER OF THE WORKING DOG?									
ANY CHILDREN LIVING IN THE HOME?					YES		NO		
NAME		AGE	SEX	SPECIAL INFORMATION					
DO YOU OWN OR RENT?					OWN		RENT		
DOES YOUR LANDLORD/LEASE ALLOW PETS?					YES		NO		
ARE THERE ANY HOA RULES WHICH WOULD PREVENT HAVING A WORKING DOG?					YES		NO		
<i>If yes, please explain:</i>									

PET INFORMATION						
WHERE WILL THE WORKING DOG BE KEPT?						
OTHER PETS LIVING IN THE HOME						
PET'S NAME	BREED	AGE	SEX	SPAY OR NEUTERED	DO YOU STILL HAVE THIS PET, IF NOT EXPLAIN	
DO YOU DO MONTHLY FLEA/TICK PREVENTATIVE:				YES		NO
IF YES, WHICH BRAND AND TYPE:						
VETERINARY INFORMATION						
<i>As a part of our legal and binding agreement, the working dog shall receive veterinary care.</i>						
CLINIC NAME:						
VET'S NAME:						
ADDRESS:						
CITY, STATE, ZIP:				PHONE NUMBER:		
REFERENCES						
<i>References shall be persons not living with you or not relatives. Letters of reference are acceptable. References shall be familiar with your history and treatment of animals.</i>						
NAME	STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER	YEAR(S) KNOWN	
MILITARY AND/OR LAW ENFORCEMENT EXPERIENCE						
WERE YOU PRIOR MILITARY?		YES			NO	
IS YOUR SPOUSE OR SIGNIFICANT OTHER PRIOR MILITARY?		YES			NO	
IF PRIOR MILITARY, BRANCH OF SERVICE:						
YEARS OF SERVICE		FROM (MONTH/YEAR:		TO:		
OCCUPATION:				RANK:		
AWARDS/COMMEDATIONS:						
THEATERS SERVED:						
ARE YOU PRIOR LAW ENFORCEMENT			<input type="checkbox"/> YES		<input type="checkbox"/> NO	
YEARS OF SERVICE		FROM (MONTH/YEAR):		TO:		
AGENCY WORKED FOR:						
AWARDS/COMMEDATIONS:						

K9 HERO HAVEN SUPPLEMENTAL APPLICATION INFORMATION

APPLICANT'S NAME:	
BREED INTERESTED IN:	
DESIRED SEX (M OR F)	
TYPE OF DOG INTERESTED IN:	
HAVE YOU PREVIOUSLY OWNED A DOMINATE DOG BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN BREED AND TYPE OF DOG
WHAT TYPES OF BREEDS HAVE YOU OWNED IN THE PAST?	
HOW LONG DID YOU OWN YOUR PAST DOG(S)?	
WHERE ARE YOUR PAST DOG(S) NOW?	
DO YOU INTEND TO USE THE WORKING DOG FOR PERSONAL PROTECTION AND/OR PROTECTION OF PERSONAL PROPERTY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	
DID THE DOG(S) WHICH YOU OWNED IN THE PAST EVER BITE OR SHOW AGGRESSIVE BEHAVIORS TO YOU, FAMILY MEMBERS, OTHER INDIVIDUALS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	
HAVE YOU EVER TRAINED DOGS BEFORE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE OF TRAINING METHODS HAVE YOU USED? WHAT TYPE OF CORRECTIONS AND/OR DISCIPLINE WOULD YOU USE WITH THIS WORKING DOG?	

K9 HERO HAVEN SUPPLEMENTAL APPLICATION INFORMATION

IF YOUR WORKING DOG NEEDS PROFESSIONAL TRAINING AND/OR OTHER ASSISTANCE, ARE YOU WILLING AND FINANCIALLY ABLE TO PROVIDE THIS?

YES NO

HAVE YOU EVER APPLIED FOR A MWD, CWD, OR K9 BEFORE?

YES NO

IF YES, WHERE?

IS SOMEONE IN YOUR HOME NERVOUS AND/OR UNSURE OF DOG(S)?

YES NO

IF YES, EXPLAIN:

WHAT IS THE NOISE LEVEL AND ACTIVITY OF YOUR HOME?

QUIET MODERATE LOUD NOISEY

WHEN IT COMES TO SLEEPING AND/OR LYING ON FURNITURE, WOULD YOU ALLOW IT?

YOU NEED A WORKING DOG THAT WILL TOLERATE BEING ALONE FOR _____ HOURS.

WOULD YOU BRUSH AND GROOM YOUR WORKING DOG?

DO YOU HAVE A FENCE?

YES NO

If yes, how high and type? If no, would you would you get one if required for the specific dog?

WOULD YOU TAKE YOUR WORKING DOG ON TRIPS IN THE CAR?

YES NO

IF YES, HOW WOULD THE DOG TRAVEL?

YOU WOULD PREFER A WORKING DOG THAT WOULD:

- | | |
|---|---|
| <input type="checkbox"/> LIKE WALKING ON A LEASH | <input type="checkbox"/> REQUIRES LITTLE EXERCISE |
| <input type="checkbox"/> ENJOY WALKING WITH YOU ON OR OFF THE LEASH | |
| <input type="checkbox"/> LIKE TO RUN, JOG, OR HIKE WITH YOU | <input type="checkbox"/> BE HOUSE BROKEN |
| <input type="checkbox"/> EXERCISE HIMSELF OR HERSELF IN THE YARD | <input type="checkbox"/> BE CRATE TRAINED |

K9 HERO HAVEN SUPPLEMENTAL APPLICATION INFORMATION

HOW ARE YOU PLANNING ON HOUSE BREAKING YOUR WORKING DOG?
DESCRIBE YOUR IDEAL WORKING DOG:
DESCRIBE WHAT YOU DO NOT WANT OUT OF A WORKING DOG:
PLEASE EXPLAIN TO USE WHY YOU ARE INTERESTED IN A WORKING DOG:
EXPLAIN A TYPE WEEK AT YOUR HOME:
IF YOUR DOG WOULD NEED TO BE CORRECTED FOR AN UNDESIRE BEHAVIOR, HOW WOULD DO THIS IN THE IMMEDIATE SITUATION?

K9 HERO HAVEN APPLICANT AGREEMENT SECTION

APPLICANT NAME: _____

DATE: _____

	TERMS	INITIAL
1.	I accept full liability of the actions and behaviors of the working dog adopted.	
2.	I do not hold K9 Hero Haven responsibility for any personal injury and/or property damage caused by the adopted working dog	
3.	I agree to provide an indoor climate controlled shelter for the adopted working dog.	
4.	I agree to notify my veterinarian that my dog is a formed working dog.	
5.	I agree to provide veterinary care for my adopted working dog to include but not be limited to the following: annual vaccinations, yearly exams, parasite control (External & Internal), dental cleaning, and any established medical care which may have resulted in the dog's retirement.	
6.	I agree to provide ample food, water, and necessary dietary supplements for my adopted working dog.	
7.	I agree to notify groomers, boarders, and any other care personnel that my dog is a retired working dog.	
8.	I understand that I need to abide by local, state, and federal laws regarding my adopted working dog.	
9.	I understand that these dogs are retired and shall not be worked for profit in the capacity that the dogs were trained in. I also will not compete with my dog.	
10.	I shall notify K9 Hero Haven if the dog has been involved in a bite incident of a human being.	
11.	I give K9 Hero Haven permission to contact my references and to validate any information provided within my application.	
12.	I shall notify K9 Hero Haven if any of my contact information and/or address changes.	
13.	In the event that the dog passes, I shall notify K9 Hero Haven.	
14.	I understand that my application is not a guarantee of adoption.	
15.	I understand that a \$200 adoption fee is required at the time of dog pick up.	
16.	I understand that adoptions are made on the best interest of the applicant and the working dog. Dogs are attempted to be placed in homes based on best fit. Each application is reviewed.	
17.	I understand that I may not use my dog to raise funds for any other non-profit and/or for profit organization. These dogs are retired and my not be exploited for fundraising.	
18.	I understand that these dogs are not therapy dogs.	
19.	I understand that I must request in writing to K9 Hero Haven for any use of a dog as a part of any organization, etc. On a case-by-case basis, K9 Hero Haven will review said request and reserves the right to deny the retired working dog any association with the request. If granted, K9 Hero Haven reserves the right to terminate the agreement at any time without cause.	

K9 HERO HAVEN HOUSING/RELINGUSHMENT AGREEMENT

RELINGUISHMENT

I agree to notify K9 Hero Haven at k9herohaven@yahoo.com in the event that I need to relinquish my adopted working dog. I will give K9 Hero Haven a minimum of 90 days after providing notice of my desire to relinquish my adopted dog. Any dog which is relinquished by the adopted owner shall be returned to K9 Hero Haven. I understand that under no circumstances that I am allowed to rehome the dog on my own. K9 Hero Haven will take the returned dog and find a suitable home for the animal. I also understand that the adoption fee paid at the time of the adoption is not refundable.

HOUSING

I agree to house my adopted working dog indoors only. **I ALSO AGREE THAT UNDER NO CIRCUMSTANCES SHALL MY DOG BE LEFT UNATTENDED OUTDOORS FOR ANY REASON.** I agree to treat my adopted working dog as a family member. I understand and acknowledge that there will be a time of transitioning my dog to retirement. I understand that housebreaking and other demands may be required. I am willing to persevere in this process until my dog has made the full transition to our home. I hold K9 Hero Haven harmless of any liability which may result in adopting this dog. My waiver includes, but is not limited to the following: personal injury, property damage, personal liability, medical bills, and any other expenses, damages, etc. which may result.

I also understand that these dogs are retired for a variety of reasons and that they are not to be adopted with the intention of working for financial gain. These dogs have honorably served their country either domestically or overseas and deserve to enjoy a happy retired life.

APPLICANT SIGNATURE

DATE

NOTARY PUBLIC

DATE

INTERNAL USE ONLY
NAME OF ADOPTED RETIRED WORKING DOG:
DATE OF ADOPTION: