



California Husky Rescue Network, Inc.

Adoption Application Form

Contact Information:

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Best time to call: _____

E-Mail address: _____

Family and Housing:

How many adults are there in your family (their relationship to you)?

How many children (ages)? _____

Will the dog be left unattended with children or small animals? If so, please explain.

What type of home do you live in (i.e. single family, town home, apartment, farm, etc.)?

Please describe your household: ___ Active ___ Noisy ___ Quiet ___ Average

If you rent, please give the rules governing pets and the landlord's name and number:

(By providing this information you are allowing CHRN, Inc. to contact your landlord. Please inform them of this call so they will speak with us).

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

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Other Pets:

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? Yes No

Are these pets spayed/neutered? Yes No If not, why?

Have you ever surrendered a pet? Yes No If yes, why?

Have you ever had a pet euthanized? Yes No If so, why?

Have you ever lost a pet to an accident? _____

How do you discipline your pets and why?

Veterinarian:

Do you have a regular veterinarian? Yes No

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

Providing CHRN Inc. with this information you are allowing CHRN Inc. to call your vet. Please call your vet and ask them to authorize the release of information to CHRN Inc.).

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About the Dog You Wish to Adopt:

What is your idea of an ideal dog and why?

Desired Age: _____ Desired Size: _____

Desired Breed: _____

Breed you would NOT adopt: _____

Desired sex: Spayed Female Neutered Male No Preference

Willing to adopt: outgoing/hyper dog shy dog
 dog that needs regular medication dog that needs training
 dog that needs grooming None of these

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact CHRN Inc. if you can no longer keep this dog? Yes No

Are you willing to let a representative of CHRN Inc. visit your home by appointment? Yes No

How did you hear about CHRN Inc.? _____

Would you be interested in fostering? Yes No Would like to know more

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Personal References:

Please list someone who is familiar with both you and your pets.

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)