Jog Adoption Application



Howlmore Animal Sanctuary

PO Box 61128 • Columbia, SC 29260 • www.howlmore.com (803) 609-3888 • fax (803 419-3164

Staff Use Only

O Approved

O Denied

O Previous Adopter

Welcome to the Howlmore Animal Sanctuary adoption program. We request the following information to assist you in the selection of a new dog. This form and a consultation with a Howlmore representative are designed to help you find the dog most compatible with your lifestyle.

Please mail this form to Howlmore Animal Sanctuary, PO Box PO Box 61128 • Columbia, SC 29260, or fax it to (803)419-3164.

To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the dog

Completion of this application does not guarantee adoption of a Howlmore dog. Please print legibly and complete both sides. Thank you!

Name of applicant		Date			
Street address					
City		State E-mail		Zip	
Phone	E-mail			Age	
Describe in detail the dog ye	ou're looking for:				
Will this be your first dog?					
What kind of pets have you Which of these do you still h	had in the past? nave? (Include age,	sex and breed.)			
Have they been spayed or r	neutered?	☐ Yes	□ No	☐ Don't know	
Are they current on vaccina	tions?	Yes	□ No	Don't know Have	
Have they been tested for h	eartworms?	Yes	□ No	Don't know	
Have they been altered?		Yes	□ No	Don't know	
If yes, where is the dog alte	red?	□ Tail docl	ked ☐ Ears clipped ☐ Other		
What happened to the pets		?	·	· · · · · · · · · · · · · · · · · · ·	
Have you ever turned your	pet in to a shelter?	☐ Yes	☐ No If yes, please explain:		
Have you ever had a pet eu	thanized?	☐ Yes	☐ No If yes, please explain:		
If you have pets, will they ac	djust to a new dog ir	the house?		· · · · · · · · · · · · · · · · · · ·	
		Yes	☐ No	Don't know	
Why do you want this dog?	□ Companion □	Companion for	other pet 🗆 He	ouse pet	
☐ Guard dog ☐ Hunting do	g 🗆 Office dog 🗅 (Other (explain) _			
How many adults are in you		, =			
How many children?	Children's ages?				
Does any member of your h	ousehold have an a	llergy to dogs?	Yes	□ No	

Dog Adoption Application

If yes, who?	□ Yes	□ No				
How many hours each day will the dog be without hun Please explain:						
Where do you live? ☐ House ☐ Apartment ☐ Condo	☐ Mobile hou	me □ Other				
Do you own or rent your home?		□ Own	☐ Rent			
If you rent, may we contact the owner to obtain permis ☐ Yes ☐ No Owner's name and phone number:	ssion for this o	dog to live in	your home?			
Where will you keep the dog? □ In the house □ Outdand outdoors □ In a kennel Please explain:	loors 🖵 With	free access b	ooth indoors			
Do you have a cat or dog door?	Į	⊒ Yes	□ No			
Will you keep the dog up-to-date on vaccinations? Who is your veterinarian?		☐ Yes none	□ No			
City/State If you go away for a few days, or on a vacation, who w	vill take care o	of the dog?				
If you move, will you take the dog with you?	Ţ	⊒ Yes	□ No			
Have you ever applied to Howlmore before to adopt a If yes, when?	n animal?	⊒ Yes	□ No			
Have you ever brought animals to Howlmore? If yes, please explain:		⊒ Yes	□ No			
Are you willing to have a representative of Howlmore of Yes No If no, explain:	come to see v	vhere the doo	g will be living?			
Are you willing to take responsibility for this dog for the next 10 to 15 years? Yes No If no, explain:						
What provisions will you make for the dog should you become unable to care for him/her?						
How much are you willing to spend on medical bills for your dog? ☐ Up to \$100 ☐ Up to \$500 ☐ Up to \$1,000 ☐ Up to \$5,000 ☐ Whatever it takes What would you do if the vet bills went over this amount? Additional comments from applicant:						