

**Heart’s Promise Sheltie Rescue Adoption Application**

Thank you for applying to adopt a Sheltie. . As part of the application process, Sheltie Rescue will have one of their volunteers conduct a home visit to meet you and your family. If you have any questions in regards to our adoption policy or questions regarding this application, please contact us at 724-601-5159. This application is also available by mail upon request.

If there is a certain adoptable Sheltie that you are interested in, please specify here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Specific Dog)

Instructions: fill out the application below, save it to a computer file, and then return it to the Application Coordinator  as an attachment. If you want to send it by regular mail, see instructions at end.

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| **Section I: About You** (Applicant must be at least 18 years old) |
| **Applicant Name:**  |  | Complete Address: |  |
| Home Phone:  |  |
| Work Phone: |  | E-mail Address: |  |
| Cell Phone:  |  | Birth Year: |  |
| Employment: |  | Work full time | Employer:  |  |
|  | Work part time | Position: |  |
|  | Retired | How long employed there: |  |
| **Co-applicant Name:** |  | Relationship to Applicant:  |  | Spouse |  | Parent |  | Child |
| Birth Year:  |  |  | Roommate |  | Other: |
| Employment: |  | Work full time | Employer:  |  |
|  | Work part time | Position: |  |
|  | Retired | How long employed there: |  |
| Are either of you in the military? |  | Yes |  | No | **Please note:** Applying with other rescue groups does not affect whether or not we will work with you. We cooperate with other rescue groups in order to find each dog the best possible home. |
| Have you placed an application with any other rescue group?  |  | Yes |  | No |
| If so, which one(s)? |  |
| **References** (By completing this section, you give us permission to contact these people on your behalf) Please list references that are **NON RELATIVES.** |
|  1. Name |  | Address: |  |
|  Phone: |  |
| 2. Name: |  | Address: |  |
|  Phone: |  |
| 3. Veterinarian:  |  | Vet Phone: |  |
| **Section II: About Your Home** |
| What are your living arrangements? | Please check all that apply: |
|  | Own |  | House |  | Townhouse |
|  | Rent |  | Apartment |  | Mobile Home |
|  | Live with parents |  | Duplex |  | Other (please explain): |
| How long have you lived at this residence? |  |
| What is the speed limit of the road you live on? |  |
| If renting, please provide your landlord’s contact information below (by providing this information, you give Sheltie Rescue permission to contact your landlord.) |
| Landlord Name: |  | Address: |  |
| Phone Number: |  |
| Are you planning to move within the next year? | Yes | No | If yes, where and why? |  |
|  |  |
| Are there any restrictions that prevent you from having a dog or have a size limit on a dog? |  |  | If yes, please explain: |  |
| Do you have permission from the property owner to have a dog? |  |  | (Proof of ownership or lease with pet clause may be requested to be viewed.) |
| Please tell us about the ages and relationship of all the people who live in your home: |
| Age | Relationship | Age | Relationship | Age | Relationship |
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| Do any children visit on a regular basis (for example, grandchildren)?  | Yes | No | If yes, what are their ages? |  |
|  |  |
| Do you have a yard, securely and physically fenced so that a small animal could not escape?   (Invisible fencing is not an acceptable physical fence nor are shock collars) |  |  | Describe the fence material and height:  |  |
| Does a door from your house open directly into the fenced yard? |  |  | How large is your fenced yard? |  |
| If you don’t have a fence, do you plan to install one?  |  |  | When and what kind? |  |
| **Section III: About Shelties and You** |
| What are your expectations about a Sheltie as a pet; what do you know about Shelties?  |  |
| Have you ever owned a Sheltie? | Yes | No | Please tell us about that experience: |  |
|  |  |
| Where will this Sheltie be kept while it is alone during the day? |  | At night? |  |
| Is anyone home during the day? | Yes | No | Who? |  | How many hours will this dog be alone each day? |  |
|  |  | How many hours/day? |  |
| Who will be responsible for the care of this dog (feeding, exercising)? |  |
| How frequently do you travel? |  |
| Who will care for this dog while you are away on overnight absences? |  |
| How much do you think it will cost to care for a Sheltie each year? (Consider the cost of veterinary care, food, licensing, boarding, etc.)  |  |
| How will this dog be allowed to relieve itself daily?  |  | I will let it out in the fenced yard |
|  | I will walk it on leash |
|  | I have a doggie door, so it can come and go as it pleases |
|  | I have a "tie-out" trolley or stake |
|  | I use “puppy pads” so it doesn’t have to go out |
|  | Other: |
| How will you allow this dog to run and exercise? (Remember: Rescue requires that a dog be on leash whenever it is not otherwise confined.) |  | I have a fenced yard where it can run and play by itself. |
|  | I/We will play with the dog in the yard |
|  | I will walk it on a leash for \_\_\_\_\_ miles every day |
|  | I will run/jog with the dog |
|  | I will take the dog to a securely fenced dog park nearby |
|  | Other: |
| **Section IV: About Your Other Pets** |
| Please list all your current pets: | Breed | Name | Sex | Age | Spayed/Neutered? |
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|  |  |  |  |  |
| Are all pets current on vaccinations? | Yes | No | If not, please explain: |  |
|  |  |
| Please list additional pets you have owned in the last ten years: | Breed | Name | Sex | Spayed/ Neutered? | Where is it now? |
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| If you have ever had a pet die at an early age or in an accident, please explain: |  |
| What brands of heartworm preventative and flea/tick control do you use for your dogs? |  |
| Have you ever participated in obedience training? | Yes | No | When? |  |
|  |  | Who was your trainer?  |  |
| If yes,  | What methods of training were you taught? |  |
| Did you continue your dog’s training after the class? |  |
| What were the results? |  |
| Are you willing to take the adopted Sheltie to obedience training? | Yes | No | Maybe | If “No” or “Maybe” on these two questions, please explain: |  |
|  |  |  |
| Are you willing to take the time to work with a Sheltie who may need remedial housetraining?  |  |  |  |  |
| **Section V: About Your Desired Sheltie** |
| What is your gender preference? |  | Would you consider the opposite gender? |  |
| What is your color preference? |  | What size Sheltie would you prefer? |  |
| What age range would you prefer? |  | Would you consider an older Sheltie? (If yes, up to what age?) |  |
| Would you consider a Sheltie mix? |  | Would you consider a bonded pair? |  |
| Would you be willing to adopt a “special needs” (blind, deaf, sick, 3-legged, needs medication, overly shy) Sheltie?  |  |
| If yes, what kind of special needs would you consider? |  |
| Would you be willing to work with a behavior problem Sheltie? |  |
| If yes, what kinds of problems are you willing to work with? |  |
| Do you have a temperament preference? (Couch potato, Frisbee dog, jogging partner, quiet companion, etc.) |  |
| Is there a Sheltie quality that you do NOT want? |  |
| Please add any information that we haven’t covered so far that will help us know you better: |  |
| **Section VI: Affirmation** |
| I accept that, to help defray Heart’s Promise Sheltie Rescues expenses for rehabilitating and helping the next rescue Sheltie,there will be an adoption fee **(puppy to 1 years old: $375; adult 1 to 9 years old: $325; senior 10 years old and older: $200)** Special needs shelties and sheltie mixes will have reduced adoptions fees. I affirm that no legal charge for animal abuse has ever been made against me or any immediate family member.I acknowledge that all the information contained on this form is true and correct. I understand that any misrepresentations of fact may result in the reclaiming of the adopted dog by Heart’s Promise Sheltie Rescue.  |
| Typing your name(s) here constitutes a formal signature:  |
| Applicant signature: |  | Date: |  |
| Co-applicant signature: |  | Date: |  |

**Sheltie Rescue reserves the right to refuse any applicant.**
Thank you for taking the time to fill out this application; it is essential to the adoption process. Sheltie Rescue is an organization of dedicated volunteers that desires only to place these wonderful Shelties in loving homes and give them a second chance at a happy, healthy life. If you are patient with our process, we will try to provide you with a devoted and loving companion.

Please return completed application as a Word or .pdf document attachment by e-mail to: APPLICATION COORDINATOR.

If you rather use US Postal mail, please send to the following address:

Mike LaMont

219 East Meyer Ave.

New Castle, PA 16105