



# Pet Adoption Application And Agreement

Heidi's Horse & Hound Retirement

16 Centre Street, Meaford, ON N4L 1E8

heidishorseandhoundretirement@gmail.com

Adopter Name: _____
Mailing Address: _____
Postal Code: _____
Phone: _____ Email: _____

Adopting a pet is a long term commitment. The information you provide will help to ensure the best match for your household. Thank you for answering the following questions to the best of your ability.

Name of Pet you wish to adopt:  Do you have a preference on a Male: Female:	Is everyone in the home in agreement to adopting a dog? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Adults in the household _____
Number of Children in the home regularly?	Ages of children:
What is your family level of activity? Active <input type="checkbox"/> Moderate <input type="checkbox"/> Quiet <input type="checkbox"/>	Other pets in the home? Yes <input type="checkbox"/> No <input type="checkbox"/> Vacs. Up to date? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of cats: _____ Spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of dogs: _____ Spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe any other pets:
What activity level do you want in a pet? Active <input type="checkbox"/> Moderate <input type="checkbox"/> Quiet <input type="checkbox"/>	
Who will be responsible for daily care of the pet?	If you live in a rental accommodation, do you have permission of the landlord/owner to have a pet? Yes <input type="checkbox"/> No <input type="checkbox"/> Landlord Contact Info: Not Applicable as you- Own your residency <input type="checkbox"/>
How often and how long daily will your pet be left alone? _____ Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Please explain above: _____ Where will the dog sleep at night? _____	Fenced in Yard/Run? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes type/ht of fence? _____ Urban/City Home? Yes <input type="checkbox"/> No <input type="checkbox"/> If rural, how many acres?
Why are you interested in adopting a dog?	Do you agree to a representative of HHH performing a home visit? Yes <input type="checkbox"/> No <input type="checkbox"/>



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What are the occupations of the adults in the household? _____ _____	Veterinary Contact Information: _____ _____ Trainer/Boarding Facility Information: _____ _____ How did you hear about HHH?
Have you owned hounds or similar breeds in the past Yes <input type="checkbox"/> No <input type="checkbox"/> Please Describe: _____	Have you ever surrendered a pet to a shelter? If yes please explain: _____ _____
Briefly describe your plans for exercise, training or enrichment for the dog you wish to adopt:    Are there any behaviours you are unwilling to tolerate?	

## Adopted Pet Information (for HHH office use only)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Tattoo/chip # \_\_\_\_\_ Rabies Tag# \_\_\_\_\_

Gender: Male  Female  Spayed/Neutered at time of adoption: Yes  No

Breed/Description: \_\_\_\_\_

Known Health Problems: \_\_\_\_\_

Other Characteristics: \_\_\_\_\_

Feeding at HHH: \_\_\_\_\_

Office Use Only



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**Adopter Acknowledgement:** I have seen the updated vaccination records, health records and veterinary report for the animal and I agree to the terms of adoption. **Where a decision is made for the animal to be adopted without being spayed/neutered, I AGREE to have this service completed as soon as possible.**

I agree that Heidi's Horse and Hound Retirement may in its sole discretion and for any reason, approve or deny any application for adoption. Heidi's Horse and Hound retirement will research all answers on your application and if any discrepancies are found the adoption will not proceed. Dogs adopted through the Heidi's Horse and Hound Retirement must be returned to us if the adoption does not work out for ANY reason. Adoption fees paid are non-refundable.

Signature: \_\_\_\_\_ HHH Rep: \_\_\_\_\_ Date: \_\_\_\_\_

By signing you are in full agreement of the terms and conditions of the adoption process.