

HUSKIMO PUPPY ADOPTION APPLICATION

Name: _____ Age: _____

Phone Number: _____ Is this a landline
or a cell number? (*circle one*) Landline / Cell If Cell, do you prefer to call or text? Call / Text

Email Address: _____

Occupation: _____ Work Schedule: _____

Will you be the puppy's primary caregiver? This includes feeding, grooming, bathing, taking to the vet, etc. (*circle one*) Yes / No Will anyone else be mainly responsible for its care? Yes / No

If Yes, who? Name: _____ Age: _____

Occupation: _____ Work Schedule: _____

Are you prepared to care for and be responsible for this dog for 10-15 years? (*circle one*) Yes / No

How many hours a day will the puppy be left alone? _____

Do you plan to crate the dog? (*circle one*) Yes / No If Yes, what is the longest amount of time the dog would be in the crate? _____ If No, where would the dog be kept when alone? _____

Address: _____

Type of Home: (*circle one*) House / Apartment / Condo If Other, describe. _____

Do you own or rent? (*circle one*) Own / Rent If Rent, are there any pet rules? Yes / No

If Yes, what are they? _____

Do you have a backyard? (*circle one*) Yes / No If Yes, how big is it? _____

If Yes, is it fenced? (*circle one*) Yes / No If No, do you plan on using an electric fence? Yes / No

How often will you walk him/her? _____

For how long? _____

When you are away, how do you plan to care for the dog (daycare, dog sitter, kennel, etc.)? _____

List any additional people in the household, their relationship to you and their ages:

Name	Relationship	Age

Has anyone in your household experienced any asthma or allergies to dogs? (*circle one*) Yes / No

Have you had a dog before? (*circle one*) Yes / No Was it a Husky? (*circle one*) Yes / No

Have you had another kind of pet before? (*circle one*) Yes / No

If Yes, what kind(s)? _____

List any additional pets currently living in the household:

Type of Animal	How Many?	Age(s)	Spayed/Neutered?
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Is there a specific puppy you are interested in? (*circle one*) Yes / No

If Yes, which one? (*provide a name, collar color and/or description*) _____

If No, is there a specific gender and/or coloring you are interested in? Please describe. _____

What is your primary reason for wanting to adopt a puppy? _____

What traits are you looking for in a dog? _____

Are there any behaviors that would be unacceptable to you?

Under what circumstances below would you not keep the dog?: (*check all that apply*)

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergy Develops | <input type="checkbox"/> Housetraining Problem | <input type="checkbox"/> Needs Too Much Attention |
| <input type="checkbox"/> Barking Problem | <input type="checkbox"/> Illness in Family | <input type="checkbox"/> New Baby |
| <input type="checkbox"/> Chewing Problem | <input type="checkbox"/> Injury | <input type="checkbox"/> New Job |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Job Change (<i>Requires Additional Time, Travel, etc.</i>) | <input type="checkbox"/> Obedience Problem |
| <input type="checkbox"/> Digging Problem | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Pets Do Not Get Along |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Kids Ignore Dog | <input type="checkbox"/> Separation Anxiety |
| <input type="checkbox"/> Dog Becomes Sick and/or Disabled | <input type="checkbox"/> Marriage | <input type="checkbox"/> Shedding Too Much |
| <input type="checkbox"/> Expensive Vet Bills | <input type="checkbox"/> Moving (<i>Locally, Out of State, or to a place where dogs are not allowed</i>) | |
| <input type="checkbox"/> Grows Too Big | | |
| <input type="checkbox"/> Other - Please explain. _____ | | |

If you have to give up the dog for any reason, what will you do with him/her? _____

Do you plan to spay or neuter the puppy? (*circle one*) Yes / No If No, do you plan to or are considering breeding the puppy? Yes / No If yes, which do you breed for: Fun / Profit / Show / Income / Other

Do you plan to enroll the puppy in dog obedience classes? (*circle one*) Yes / No If No, have you ever trained a dog before? Yes / No Do you plan to train your dog to heard, hunt, guard and/or attack? _____

I certify that all the above information is true and accurate. I understand that if I adopt a puppy this document will become part of the adoption record. I also understand that completion of this questionnaire does not guarantee the adoption of a dog.

Signature _____

Date _____