



# Shadow Husky Rescue

## Adoption Application



Please complete the entire application legibly. Thank you!

How did you hear about us? \_\_\_\_\_ Dog(s) Interested in: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long At This Address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_

Do You Have Children Living At Home? \_\_\_\_\_ How Many? \_\_\_\_\_ Age Range: \_\_\_\_\_

Activity Level At Home: Very Active \_\_\_\_\_ Somewhat Active \_\_\_\_\_ Quiet \_\_\_\_\_ Very Quiet \_\_\_\_\_

Please provide ages of household members and if anyone has any allergies:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any cats? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many and age range: \_\_\_\_\_

Do you have any dogs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Breed(s): \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age(s): \_\_\_\_\_ Spayed or Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had a Siberian Husky Dog or other breed of dog before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what other breed of dog have you owned in the past? \_\_\_\_\_

What happened to them? \_\_\_\_\_

Have you ever given away a pet before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_ Please describe:

\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you own or rent? \_\_\_\_\_

Type of residence? House \_\_\_\_\_ Apartment \_\_\_\_\_ Townhouse/Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other: \_\_\_\_\_

Is the yard fenced in? Yes \_\_\_\_\_ No \_\_\_\_\_ How tall is the fence around your property? \_\_\_\_\_

Do you have locks on all gates? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a pool? Yes \_\_\_\_\_ No \_\_\_\_\_ Is the pool fenced in? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you prefer a Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference \_\_\_\_\_ Age Range: \_\_\_\_\_

Color preference: \_\_\_\_\_ Other desired qualities: \_\_\_\_\_

Are you willing to take the dog to the vet for annual exams, injuries or sickness? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of flea treatment do you use? \_\_\_\_\_

Are you willing to consult a trainer or behaviorist if problems develop? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you want a rescue dog? \_\_\_\_\_

\_\_\_\_\_

Why do you want a Siberian Husky? \_\_\_\_\_

\_\_\_\_\_

Who is the dog for? \_\_\_\_\_

Where will the dog sleep? \_\_\_\_\_

Will the dog be alone during the day? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long and where will the dog be while alone?

\_\_\_\_\_

How much time will the dog spend outside? \_\_\_\_\_

How often do you plan to exercise your dog, and how? \_\_\_\_\_

Do you have a doggie door at your house? Yes \_\_\_\_\_ No \_\_\_\_\_

Who will be mainly responsible for the dog? \_\_\_\_\_

Who will provide for your pet in the event that you become ill or unable to care for the dog? \_\_\_\_\_

\_\_\_\_\_

Name and phone number of your veterinarian? \_\_\_\_\_

If you had to move for any reason, would you take your pet with you? Yes \_\_\_\_\_ No \_\_\_\_\_

What circumstances would cause you to give up your pet? \_\_\_\_\_

\_\_\_\_\_

What behavior or medical problems do you believe you cannot deal with? \_\_\_\_\_

\_\_\_\_\_

Shadow Husky Rescue reserves the right to visit all homes and yards prior to approval and following any adoption. Is this agreeable to you? \_\_\_\_\_ If no, please explain:

\_\_\_\_\_

I acknowledge that all the information contained in the application is true and accurate. I understand that any misrepresentation of fact may result in the removal of the adopted dog by Shadow Husky Rescue. I understand that an adoption contract is part of the adoption process and that it will be enforced to the fullest extent. Once a dog is adopted, if it is found to be neglected, mistreated or abused, Shadow Husky Rescue reserves the right to reclaim the dog.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shadow Husky Rescue  
27851 Bradley Rd Ste 130M  
Menifee, CA 92586