



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: _____