



# Husker Weim Rescue, Inc.

After submitting your application, you will be contacted as we go through the adoption process. All information provided will be kept confidential.

Adoption contract will be signed upon completion of the process.

Payment accepted: cashier's checks, money orders or cash

Out of state adoptions are allowed, adopter has to provide transport

A two week period is provided to ensure the bonding between the adoptive family and rescue foster dog before the adoption contract is final.

We reserve the right to deny any home a rescue dog

## Contact Information:

Full Name: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

Best time to call: \_\_\_\_\_

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

## Family & Housing:

How many adults in your family (their relationship to you)?

\_\_\_\_\_

How many children (ages)?

\_\_\_\_\_

Type of home (single family, town home, apartment, farm, etc)

\_\_\_\_\_

Describe your household: \_\_\_\_\_ Active \_\_\_\_\_ Noisy \_\_\_\_\_ Quiet \_\_\_\_\_ Average

If you rent, please give the rules governing pets and the landlord's name and number:

\_\_\_\_\_

(Providing this information you are allowing HWR, Inc. to contact your landlord. Please inform them we will call.)

Family Allergies to pets? \_\_\_\_\_

Is everyone in agreement with the decision to adopt a dog? \_\_\_\_\_

Does everyone have time to provide adequate love and attention? \_\_\_\_\_

Military? What are your plans for your dog if you need to move? \_\_\_\_\_

**Other Pets:**

What other pets do you have (specify type and number): \_\_\_\_\_

Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not, why? \_\_\_\_\_

Have you ever surrendered a pet? If so, why? \_\_\_\_\_

Have you ever had a pet euthanized? If so, why? \_\_\_\_\_

Have you ever lost a pet to an accident? \_\_\_\_\_

How do you discipline your pets and why? \_\_\_\_\_

**Veterinarian:**

Veterinarian's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

(Providing HWR, Inc. with this information, you are allowing HWR, Inc. to call your vet. Please call your vet and ask them to authorize the release of information to HWR, Inc.)

**About the Dog You Wish to Adopt:**

What is your idea of an ideal dog and why? \_\_\_\_\_

Desired age: \_\_\_\_\_

Desired sex: \_\_\_\_\_ Spayed Female \_\_\_\_\_ Neutered Male \_\_\_\_\_ No Preference

Willing to adopt: \_\_\_\_\_ outgoing/hyper dog \_\_\_\_\_ shy dog \_\_\_\_\_ dog that needs training

\_\_\_\_\_ dog that needs regular medication \_\_\_\_\_ None of these

Where will the dog spend the day? (describe) \_\_\_\_\_

Where will the dog spend the night? (describe) \_\_\_\_\_

Number of hours (average) dog will spend along? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to provide regular health care by a licensed Veterinarian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you agree to keep the dog as an indoor dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

When dog goes outside, how do you plan to supervise it? \_\_\_\_\_

Fenced Yard (Type & Height) \_\_\_\_\_

Do you agree to contact HWR, Inc. if you can no longer keep this dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to let a representative of HWR, Inc. visit your home by appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about HWR, Inc.? \_\_\_\_\_

**Personal References:** List Someone who is familiar with both you and your pets.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Relative \_\_\_\_\_ Neighbor \_\_\_\_\_ Friend \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Relative \_\_\_\_\_ Neighbor \_\_\_\_\_ Friend \_\_\_\_\_

All information I have given is true and complete. This HWR, Inc. rescue dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Approval:

Date: