

## H.A.L.T. ADOPTION APPLICATION

We appreciate your interest in adopting a HALT graduate! In order to provide our dogs the best possible home environment, we ask that you complete this adoption application. Our Adoption Committee will review the application and complete any necessary reference checks and home visits. Please note dogs are not able to go to their new homes permanently until completion of the HALT classes. Application may be filled out online at [www.haltdogs.org](http://www.haltdogs.org), or complete this form and fax to 865-694-4476, email to [adopt@haltdogs.org](mailto:adopt@haltdogs.org) or mail to HALT c/o Catatoga Kennels, 1737 Campbell Station Rd, Knoxville, TN 37932.

H.A.L.T. serves Knoxville, TN, Oak Ridge, TN and immediate surrounding counties. Because of our home visit policy, we are unable to do adoptions outside of our area at this time.

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

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

Phone(s): \_\_\_\_\_

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

Would you like to receive email updates about HALT? Yes \_\_\_\_\_ No \_\_\_\_\_

Preferred method of contact for the adoption process: \_\_\_\_\_

Which dog(s) are you interested in? \_\_\_\_\_

Please list two personal references, their relation to you (family, friend, co-worker, etc) and their phone numbers: \_\_\_\_\_

Do you live in a \_\_\_\_\_ house? \_\_\_\_\_ apartment? \_\_\_\_\_ other (please explain)

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

If renting, does your rental agreement allow pets? \_\_\_\_\_

Landlord/rental agent name and phone number: \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_

If so, what kind of fence? (chainlink, wood, invisible fence, other)

Do you have a pool? \_\_\_\_\_

Would you agree to a home visit conducted by HALT? \_\_\_\_\_

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

What kinds of activities do you plan to participate in with your pet? (i.e. obedience/agility, hiking, camping, walks, traveling, snuggling on the sofa, companion to current pet, playing with kids, etc.) \_\_\_\_\_

Would you consider a special-needs dog such as one who requires medication for a permanent but controlled condition? \_\_\_\_\_

Have you had a pet previously? \_\_\_\_\_

If so, what did you have, and what happened to your pet? \_\_\_\_\_

(over, please)

Do you have any pets now? \_\_\_\_\_

Please describe your pets. \_\_\_\_\_

Have your pets ever been around other animals? \_\_\_\_\_

Do your pets have any characteristics of which we should be aware? \_\_\_\_\_

Are your pets spayed/neutered? (Or were past pets) \_\_\_\_\_

Are your pets on heartworm preventive? (Or were past pets) \_\_\_\_\_

Are your pets micro-chipped? (Or were past pets) \_\_\_\_\_

Who is your veterinarian? (clinic name, city and state – past or present) \_\_\_\_\_

May we call your veterinarian for a reference? \_\_\_\_\_

Are there any kids living in your home or that frequently visit your home? \_\_\_\_\_

What are their ages? \_\_\_\_\_

Does anyone in your home have pet allergies? \_\_\_\_\_

Where will your dog be during the day? \_\_\_\_\_

At night? \_\_\_\_\_

How long will your dog be alone daily? \_\_\_\_\_

When you travel, who will care for your pet? \_\_\_\_\_

If you move, what will happen to your pet? \_\_\_\_\_

What are your greatest concerns in getting a new pet? \_\_\_\_\_

For what reason(s) would you consider returning your new pet? \_\_\_\_\_

Would you be willing to attend additional obedience classes? \_\_\_\_\_

Are you aware of any other resources to you if any problems arise? \_\_\_\_\_

If you adopt from HALT and decide to give up the dog, do you agree to contact us first to see if we can offer additional resources or help find a new home for it? \_\_\_\_\_

Have you applied to any other rescue groups? \_\_\_\_\_ If so, please identify the group(s) so that we do not duplicate their efforts. \_\_\_\_\_

How did you hear about HALT? \_\_\_\_\_

Would you be interested in volunteering with HALT? \_\_\_\_\_

Would you be interested in being interviewed on behalf of HALT? \_\_\_\_\_

Please note any additional comments:

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

By submitting this form, you agree the information is complete and accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_