

SAFE HAVEN ANIMAL RESUE OF FLORIDA, Inc.
APPLICATION

Dog's Name: _____

Name: _____

E mail address: _____

Address: _____

Age: _____

Occupation: _____

Type of residence (home,condo,apt,mobile home,etc.) _____

Are there deed restrictions? _____

Rent/own? _____ Landlord information: _____

If you rent do you have a pet deposit? _____ Will you pay the pet deposit? _____

Do you have a yard? _____ Fenced? _____ SIZE? _____

Phone number: _____ Cell number: _____

Please list name, age, and relationship of all persons residing in your household:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

YOUR HOME

Who will be the primary caretaker of your new dog? _____

Does anyone in your household have allergies or asthma? _____

Would you or do you crate train? _____

Where do your dogs stay during the day? _____

How long will your dogs be left alone during the day? _____

Where will your dog sleep? _____

Where is your designated dog area? _____

Do you go to the dog park? _____

Do you let your dog off leash in an open area? _____

Are you willing to keep your new dog on leash for the dog's safety? _____

Have you housetrained before? _____ Are you willing to housetrain? _____

How did you housetrain? _____

Do you need a dog that 100% housetrained? _____ (given a week to adjust to your schedule)

DOGS

Tell about your dogs owned during the last 5 years:

Name	Age	Breed	Altered	Gender	Years Owned
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