



Healing with **E**mpathy and **A**nimal **L**ove

Phone: (646) 425 0063  
info@healsanctuary.org  
[www.healsanctuary.org](http://www.healsanctuary.org)

## H.E.A.L SANCTUARY DOG Adoption Application

Date of Application: \_\_\_\_\_

Date you can take the dog home: \_\_\_\_\_

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

Street, City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Name of dog applying for: \_\_\_\_\_

Your preferences for the dog you are looking for:

Size of dog (when fully grown):

Less than 30 lbs     31-50 lbs     51-75 lbs     75 lbs+     Flexible

Gender of dog:

Male     Female     Any gender

Age of dog:

8 wks -6 mos     6 mos-1 yr     1-6 yrs     6 yrs+     Flexible

I would consider adopting a dog with the following special needs:

Blind     Deaf  
 Amputee     Animal with ongoing medical needs

Type of dog:

Low-shedding     Purebred     Mix-breed     Flexible



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I live in:

- |  |   |
|--|---|
| <input type="checkbox"/> Owned House/Townhouse | <input type="checkbox"/> Rented House/Townhouse |
| <input type="checkbox"/> Owned Apartment/Condo | <input type="checkbox"/> Rented Apartment/Condo |

Name, phone & e-mail of landlord:

Name and ages of all individuals living at address:

How many hours per day will your pet be alone? \_\_\_\_\_

Where will your pet stay when you're not at home\*:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Crate              | <input type="checkbox"/> Loose in the House | <input type="checkbox"/> Gated Area in the House |
| <input type="checkbox"/>                    | <input type="checkbox"/>                    | <input type="checkbox"/>                         |
| <input type="checkbox"/> Yard Doggy daycare | With friends or family                      |  |

Other

\*(We recognize this may change as your dog adapts. Please list all you will utilize/consider during your dog's life.)

Do you have other pets currently? If yes, please list names, types and ages:

If you have owned pets in the past, please list names, types and ages:



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Name of Vet you use now and used with past pets:

\_\_\_\_\_

Phone of Vet (must provide phone or we will not consider application): \_\_\_\_\_

I would like a animal who is (check all that apply):

- Very active
- Active
- Calm and mellow
- Good with cats
- Dog park material
- Good with senior citizens
- Good with kids under 8 yrs
- Good with kids 8+ yrs
- Good with urban noises
- Other

I can/will commit to:

- No training
- Some training
- Lot of training

I have or will plan to install/use the following:

- No fence
- Chain link fence
- Wooden fence
- Electric fence
- Doggy door

(if you currently have a fence, please indicate height): \_\_\_\_\_

I would like more info on:

- Healthy diet
- Training
- Housebreaking
- Crating
- Other

How much do you plan to spend on your pet annually: \_\_\_\_\_

Reasons I would consider giving up my pet:

- Financial
- Behavior
- Moving
- animal medical issues
- Allergies
- Kids
- deployment
- personal medical issues
- Other

Yes, I am aware that my adoption fee is non-refundable.

Additional information that will assist in your search for a dog: