

AFGHAN HOUND RESCUE - ADOPTION APPLICATION

AFGHAN HOUND CLUB OF AMERICA

Instructions

Please do not edit, delete or modify the questions on this form. Answer all questions candidly or, if not applicable, mark them N/A.

This form is designed to be filled out and signed digitally so that it can be emailed. If desired, you may also print the form and mail it to the address below.

Please complete the entire form and **return it to:**

Barb Hastings, Rescue Chair

4071 Gurnee Rd., Westfield PA 16950

E-mail: helpafghanhound@gmail.com

Or

TO THE RESCUE PERSON WITH WHOM YOU ARE WORKING

Questions? Leave us a message on the hotline at **877-AF-RESCU (877-237-3728)**, be sure to indicate you are considering an application and leave your contact details.

Name:

Address:

City/County/State/Zip:

Work Phone:

Home Phone:

Email:

Do you rent/own?

Previous address if less than three years at present address:

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How long at previous address?

Do you live with a relative/roommate?

How many people are living in your home?

What ages and genders?

Have you ever owned an Afghan hound?

If yes, how long?

Why do you want to adopt an hound?

Do you currently own any other pets?

If "yes," what kind and what are their histories:

How old are your pets?

Are they spayed/neutered?

Declawed?

What kind of temperament do they have?

Do they get along well with other animals?

If you have had pets in the past, please list the kind here:

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What happened to your last pet(s)? (i.e. died, put down, ran away, etc.) Please explain the circumstances:

Do you have a fenced yard?

If "yes," please describe the type of fencing (i.e. split rail, chain link, stockade) as well as the height and the size of the yard:

May we visit your home?

How will you exercise the dog? (i.e. walks in the park, jogging with you, on a treadmill, running the dog in a fenced yard or other secure area, etc.)

Where will the dog spend the majority of its time? (i.e. in a kennel building, outside, in the house, etc.)

Where will the dog sleep?

Who will be primarily responsible for the care of the dog? (i.e. you, your spouse/significant other, child(ren), roommate, etc.)

Are you willing to assume responsibility for all medical care for this dog including annual preventative care, heartworm prevention, etc.?

Do you understand that your donation to Rescue may cover expenses which Rescue incurred to provide spay/neuter, well-checks and shots for your pet?

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Are you willing to accept responsibility for an Afghan hound that may need additional training perhaps for housebreaking, barking, lead training, chewing, etc.?

What correction methods will you use for inappropriate behavior?

Do you have a preference of sex/age/color/behavior characteristics?

If so, please indicate.

If you would like to consider any rescue Afghan hound, just answer "None" above.

What sort of Afghan hound do you prefer? (Active, Sedentary, Mellow, Athletic, etc.)

How would you describe your lifestyle? Active, sedentary, etc.? Please explain.

How often do you travel?

If you travel, who will care for your dogs when you are away? (Boarding, Kennel, Neighbor, etc.?)

Please give the name / address / phone number your veterinarian(s).

Name:

Address:

Phone: Years Acquainted:

May we contact your veterinarian?

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Please provide the names/addresses/phone numbers and e-mail of two references who know of your pet ownership and who we may contact:

1) Name: Relationship:
Address:
Phone: Years Acquainted:
E-mail:

2) Name: Relationship:
Address:
Phone: Years Acquainted:
E-mail:

Is there any other information that you would like for us to consider as we review your application?

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I understand AHCA Rescue retains the unconditional right to reclaim any Afghan hound placed with me, and will fully comply with such a request if made. I further pledge that, should I find I no longer wish to keep said dog or should I no longer be able to properly care for same, I will return the dog to AHCA Rescue or its representative. I affirm that the information provided is true, complete, and correct to the best of my knowledge.

By checking this box I confirm my intent to sign electronically below by typing my full name.

Signature:

OR

Signature (ink): _____

Date:

County of

State of