

Siberians Needing Owners

Siberian Husky Rescue/Education/Referral



Adoption Application

Personal Information

Applicant:

First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ State: _____

Age of Applicant: _____ Home phone: _____ Work phone: _____

Email: _____ Employer _____

Co-Applicant:

First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ State: _____

Age of Applicant: _____ Home phone: _____ Work phone: _____

Email: _____ Employer: _____

Applicant:

List People who currently live at your current residence:

Name	Relation to you	Ages of Children

Residence Information

Home

Check which best describes your residence:

- Own single family home
- Rent or lease a single family home
- Own/Rent a townhouse-Condo
- Other

Do you have a homeowner's association that may have restrictions on pet ownership? _____

If you rent, list landlord's contact information: _____

Yard

Is your yard or a portion of your yard securely fenced? _____

If yes, list type _____ dimensions _____ height _____

Is the fence solid and secure? _____

What type of gates? _____

Do you have plans to modify your fencing before adoption? _____

If so, describe the changes you plan to make _____

Have you moved lumber, tables or anything that your dog could use as a springboard away from the fence?

Do you agree to a home check by a rescue representative at an agreed upon time and day? _____

Note: all family members and other pets must be present for the home check.

Pet Ownership

Family Pets

List all pets currently residing at your residence. (include breed, age & sex)

Breed	Age	Sex

Are all of your pets altered? If not, explain your reasons. _____

Canine Experience

How many dogs have you owned in the last 10 years. List breeds and what happened to the dog(s) you no longer have.

Breed	What happened to this dog?

Veterinary Information

Provide the name, address and phone number of your veterinarian who can confirm vaccination records on your current pets. By so doing, you grant permission for us to contact him/her for reference. If you no longer have a pet, please provide the name of the last veterinarian who cared for your pet(s).

Name of Veterinary	Address	Telephone Number

Have you ever attended basic obedience classes? _____

Why have you decided to adopt a Siberian husky? _____

What research have you done on Siberian huskies? _____

Have you read "So...you want a Siberian Husky" by the Siberian Husky Club of America? _____

Note: this can be found on our website www.siberiansneedingowners.org under breed information.

Who will have primary responsibility for the care of your new dog? _____

Where will your Siberian stay when you are not home?

_____ Loose indoors

_____ Crate

_____ Loose outdoors in fenced yard

_____ Kennel or Run

_____ Garage

_____ Other (describe) _____

Where will your Siberian sleep at night? _____

Are there any frequent visitors to your home, either human or animal with which your dog must get along? (If yes, please describe) _____

Please describe any other information that you wish us to consider when reviewing this application.

Please send or fax your completed application to:

Janet Yeager
Fax number: (509) 738-2919
P.O Box 987
Kettle Falls, WA. 99141