



Rehoming Application

P.O. Box 82, Newburgh, Indiana 47629, 812-858-1132

www.petadoptioncenter.org pets@speedex.net

Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Employer _____ Work Phone _____

Where do you currently reside? Mobile home _____ Own _____ Rent _____

If you rent, please provide name and phone number of your landlord so that we may verify that your lease does allow pets. An animal cannot go home until the landlord gives approval. _____

Have you ever adopted a pet? _____ Which organization? _____
Please describe your experience _____

Do you currently have any pets? _____
Please list your companion animal pets. List type, ages and if spayed/neutered. _____

What level of experience do feel you have with dogs?

Level 1 _____ (Adopter who has not had a pet in their adult life, inexperienced owner)

Level 2 _____ (Adopter with other dogs, have taken their pet to dog obedience and successful with past pets)

Level 3 _____ (People involved in the animal welfare industry, dog trainers, kennel owners, etc.)

Do you have children living with you? Please state their ages _____

Why are you adopting a pet?

A companion _____ A pet for the family _____ A guard dog/mouser _____ A gift for someone _____

Do you intend for your pet to live in the house with your family? _____

If not, do you have a fenced backyard? _____ Will you have to chain your dog? _____

On average, how many hours per day will your new pet be left alone, without people in the house? _____

Are you familiar or have you crate trained a puppy/adult dog before? _____ Have you successfully housetrained a dog previously? _____ If so, what age of pet? _____

Is there a safe place available where your pet can be confined when no one is home? _____ Where will the animal be kept? _____

Are you aware that it is normal behavior for puppies to chew on anything and everything within its eyesight? _____ How will you handle this situation? _____

Please provide the name, address, and phone number of your veterinarian who provides current care for your pets or a veterinarian that you intend to use for this pet. _____

OFFICE USE ONLY:

Name _____ Inform _____ Description _____

Breed _____ Sex _____ Age _____ WHS Agent _____

Driver's License _____ Center Adoption _____ Mail Adoption _____ Other Adoption _____