



ADOPTION APPLICATION

P.O. Box 2357 ♥ Beverly Hills, CA ♥ 90213 ♥ (310) 358-3344
www.aceofheartdogs.com Fax (310)-652-8688

Please fill out this form completely; failure to answer one or more questions may result in your application being rejected.

Completion of this application does not guarantee adoption of an Ace of Hearts dog

Date: _____

Name of Desired Dog: _____

Your name: _____

Occupation: _____

Spouse's name: _____

Occupation: _____

Names/Ages of Children, if any: _____

Any other occupants in home: _____

Your home address:

Street: _____

City, State: _____

Zip Code: _____

Your phone number: _____ (Daytime)

_____ (Evening)

Your email address: _____

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Street: _____

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Zip Code: _____

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_____ (Evening)

Your email address: _____

1. Type of dwelling:

House Condo Apt. Other

2. Do you rent or own?

Rent Own

If renting, do you have your landlord's permission to have a dog?

Yes No

Landlord's name and phone number:

3. What are your primary reasons for wanting a dog?

Companion for you for your kids Gift For other pet Watchdog

Other: _____

4. If you have children, please describe their previous experience with dogs:

5. If your children did not want a dog, would you be interested in adopting one for yourself?

6. Does anyone in your household have allergies?

Yes No

If yes, describe:

7. Do you have a pet now?

Yes No

How many? _____

Type of Pet(s) (if dog, list breed)

Age(s) _____

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Type of Pet(s) (if dog, list breed)

Age(s) _____

Sex(es) _____

Other pets? _____

8. Are your pet/s spayed/neutered? Yes No

Have you ever allowed an animal to breed? Yes No

9. Is there anybody home during the day?

Yes No

Who? _____

10. When will the dog be inside?

Outside? _____

11. About how many hours a day will the dog be left alone?

Where will the dog stay when he/she is home alone? (Please be as specific as possible;
i.e., run of the house, a specific room, a crate, etc.)

12. Where will the dog sleep at night?

If inside, where exactly?

Kitchen Master Bedroom Spare room Laundry room

Run of the house Other

If other, or if you have additional comments on where the dog will sleep, please specify:

13. What rooms are off limits to the dog?

14. What outside areas are available to the dog?

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13. What rooms are off limits to the dog?

14. What outside areas are available to the dog?

Fenced yard Enclosed patio Garage Balcony Dog house

Unfenced common area Other

15. Do you have a doggie door?

Yes No

16. Type of fencing? (Chain link, wood, block wall, etc.)

17. Height of fence:

Highest point:

Lowest point:

I have recently inspected my fence and it is in good condition.

Yes No

The fence is intact on all sides and is at least 5 feet from ground level in all areas.

Yes No

I promise to inspect my fence thoroughly before the home visit and make necessary repairs for the safety and well being of our new pet.

Yes No

18. Are there gates?

Yes No

How many gates? _____

How high? _____

19. Is there any type of lock on the gate(s)?

Yes No

Type of lock (padlock, key, latch, etc.): _____

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Type of lock (padlock, key, latch, etc.): _____

20. If no locks, would you be willing to install them prior to placement should this application be accepted?

Yes No

21. Who has access to your yard?

Gardener Poolman Utility Neighbor Other

If other, please explain: _____

22. Preferred level of exercise with dog?

Couch potato Short walks Vigorous walks Hike or jog regularly

23. When you go on vacation, who will care for the dog? (Friend, kennel, dog sitter, etc)

24. What kind of food will you feed the dog?

Brand of kibble: _____

Canned: _____

Other: _____

25. Do you have a regular vet?

Yes No

Name of vet: _____

Would you like a referral to a vet?

Yes No

26. Who will groom and bathe your dog?

27. Would your dog wear a collar?

Yes No

When?

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Yes No

When?

28. Would you allow your dog to wear a permanent Ace of Hearts I.D. tag?

Yes No

29. How would you rate your level of dog guardianship experience?

First time Guardian Beginner Intermediate Advanced

Other: _____

30. How would you discipline your dog if he or she misbehaved?

31. How would you train this dog?

Obedience class Hit with newspaper Firm verbal commands

Clicker/hand signals Other

If other, please explain: _____

32. How do you normally walk your dog?

On leash Off leash

When on leash do you normally use:

Collar only Choke chain Harness Other

If other, please explain: _____

33. Are you willing to live with hair on the furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times?

Yes No

34. Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, shelter and exercise for your new pet?

Yes No

35. Are you able to make a long-term commitment to care for you pet for its entire life span, which could be as much as 10 to 20 years?

Yes No

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35. Are you able to make a long-term commitment to care for you pet for its entire life span, which could be as much as 10 to 20 years?

Yes No

36. What would happen to your pets if you moved?

Locally? _____

Out of State? _____

Out of the Country? _____

37. Which of the following reasons might prompt you to give up your dog? (Check all that apply)

Excessive barking Biting Digging Moving Divorce Poor watchdog

Destructive chewing Financial Problems Occasional accidents indoors

Growling at guests Excessive vet bills Shedding Allergies

New spouse/partner doesn't like dog Aggressive on leash None of the above

Comments: _____

38. Please list pets you have been guardian of since you have been an adult and the length of guardianship; if they are no longer with you, please provide an explanation:

39. How did you find out about our adoption program?

Why are you interested in adopting from a rescue?

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Why are you interested in adopting from a rescue?

Please read and initial each statement below.

I understand that a home visit is required prior to final placement.

I understand that a home visit does not guarantee placement.

_____ I CAN make a donation of at least \$400 to help rescue, provide medical care, spay and

neuter, board and place other abandoned dogs. (Inability to make a donation does not disqualify an applicant from consideration.) I understand that any donation or contribution is a gift freely given, not a purchase price for a dog.

_____ I CAN NOT make a donation of at least \$400 to help rescue, provide medical care, spay

and neuter, board and place other abandoned dogs. (Inability to make a donation does not disqualify an applicant from consideration.) I understand that any donation or contribution is a gift freely given, not a purchase price for a dog.

I agree to provide my own collar, leash, choke chain or harness, and personal ID at the time of completing the adoption contract.

Ace of Hearts reserves the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract.

Please list the name of the dog you're interested in again, and tell us why you're interested in this particular dog.

THANK YOU!