

AFGHAN HOUND RESCUE
AFGHAN HOUND CLUB OF AMERICA ADOPTION APPLICATION

Please do not edit, delete or modify the questions on this form. Answer all questions candidly, or if not applicable, mark them N/A. Please complete the entire form and return it to:

Betty Salmon
2135 Sherborne Lane
Powell, OH 43065
e-mail: helpafs@verizon.net

OR TO THE RESCUE PERSON YOU ARE WORKING WITH

Name: _____

Address: _____

City/County/State/Zip _____

Do you rent/own? _____

Work Phone: _____ Home Phone: _____

Email: _____

Previous address if less than three years at present address:

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? _____ How long? _____

Why do you want to adopt an Afghan 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:

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 shots, heartworm prevention, etc.? _____

Do you understand that the adoption fee will cover the cost of spay/neuter, well checks and shots for your pet? _____

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" _____

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? _____

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

Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

Email: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

Email: _____

Relationship: _____

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

I affirm that the information provided is true, complete, and correct to the best of my knowledge.

Name: _____

Date: _____

County of _____

State of _____