



# Sierra's Haven



## REHOMING SERVICE FOR VALUED PETS

MY PREFERENCES	ABOUT ME AND MY HOUSEHOLD
<p><b>I LIKE DOGS THAT ARE:</b>  <input type="checkbox"/> SMALL   <input type="checkbox"/> MEDIUM   <input type="checkbox"/> LARGE   <input type="checkbox"/> ANY SIZE</p> <p><b>THE BREEDS OR MIXES I LIKE BEST ARE:</b>            _____</p>	<p><b>I SHARE MY HOME WITH</b> _____ <b>ADULTS AND</b> _____ <b>CHILDREN.</b>  <b>AGES OF THE CHILDREN</b> _____</p> <p><input type="checkbox"/> I HAVE CHILDREN THAT LIVE NEXT DOOR . AGES _____</p> <p>I HAVE _____ INDOOR CAT (S), _____ IN/OUT CAT(S), _____ DOG(S).</p> <p><input type="checkbox"/> I HAVE OTHER ANIMALS OR LIVESTOCK.            THESE INCLUDE _____</p> <p><b>THE NOISE ACTIVITY IN MY HOME IS:</b>  <input type="checkbox"/> LOW   <input type="checkbox"/> MEDIUM   <input type="checkbox"/> HIGH   <input type="checkbox"/> VARIES</p> <p><b>WHEN IT COMES TO KEEPING A CLEAN AND TIDY HOUSE I AM:</b>  <input type="checkbox"/> VERY PARTICULAR   <input type="checkbox"/> PARTICULAR   <input type="checkbox"/> EASY-GOING</p> <p><b>I'D ENJOY BRUSHING OR GROOMING MY DOG:</b>  <input type="checkbox"/> RARELY   <input type="checkbox"/> MONTHLY   <input type="checkbox"/> WEEKLY   <input type="checkbox"/> DAILY</p> <p><b>I NEED A DOG THAT WILL TOLERATE BEING ALONE</b> _____ <b>HOURS A DAY.</b></p> <p><b>I ENJOY TAKING MY DOG IN THE CAR :</b>  <input type="checkbox"/> DAILY   <input type="checkbox"/> MONTHLY   <input type="checkbox"/> ONCE IN A WHILE</p> <p><b>I PREFER A DOG THAT:</b>  <input type="checkbox"/> WILL ENJOY WALKING WITH ME ON/OFF A LEASH  <input type="checkbox"/> WILL EXERCISE HIM/HER SELF IN OUR YARD  <input type="checkbox"/> EXERCISING ONLY WHEN DOING HIS/HER BUSINESS  <input type="checkbox"/> WILL ENJOY HIKING, JOGGING, OR RUNNING WITH ME</p> <p><b>MY IDEA DOG WOULD:</b>            _____            _____</p> <p><b>BAD DOGGIE HABITS THAT I JUST CAN'T TOLERATE :</b>            _____            _____</p>
<p><b>PLEASE DESCRIBE THE TEMPRAMENT &amp; ACTIVITY LEVEL YOU ARE LOOKING FOR IN A DOG. CHECK ALL THAT APPLY:</b>  <input type="checkbox"/> ATHLETIC/HIGH ENERGY   <input type="checkbox"/> OUTDOOR DOG  <input type="checkbox"/> LAP DOG/MELLOW   <input type="checkbox"/> VERY AFFECTIONATE  <input type="checkbox"/> QUEIT</p> <p><b>WHEN IT COMES TO RELATING WITH DOGS, I TEND TO BE MORE:</b>  <input type="checkbox"/> STRICT, DEMANDING, A REAL LEADER (THE DOG MUST SIT FOR A TREAT)  <input type="checkbox"/> LENIENT, A LITTLE WISHY-WASHY, EASILY COERCED BY THE DOG ( FREELY GIVES TREATS BECAUSE THE DOG LOOKS CUTE)</p> <p><b>SOMEONE IN MY HOME IS NERVOUS OR UNSURE OF DOGS:</b>  <input type="checkbox"/> VERY (E.G. BITTEN AS A CHILD)  <input type="checkbox"/> MODERATELY  <input type="checkbox"/> SOME (NO EXPERIENCE WITH DOGS)  <input type="checkbox"/> N/A</p> <p><b>PLEASE TELL US ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU OR THE DOG YOU ARE LOOKING FOR:</b>            _____            _____            _____</p> <p><b>I HAVE OR AM PLANNING FOR :</b>  <input type="checkbox"/> FENCED YARD   <input type="checkbox"/> OUTSIDE KENNEL   <input type="checkbox"/> STATIONARY TIE-OUT</p>	

NAME (FIRST, MIDDLEINITIAL, LAST):		MAIDEN NAME:		DATE OF BIRTH	DAY PHONE:
SPOUSE OR PARTNER'S NAME:		MAIDEN NAME		DATE OF BIRTH	DAY PHONE
STREET ADDRESS		MAILING ADDRESS(IF DIFFERENT)		DO YOU <input type="checkbox"/> OWN YOUR HOME <input type="checkbox"/> RENT	IF YOU RENT LANDLORD'S NAME
CITY, STATE, ZIP		CITY, STATE, ZIP		LANDLORDS PHONE	HOW LONG AT CURRENT ADDRESS:
IF LESS THAT A YEAR AT CURRENT ADDRESS , PREVIOUS ADDRESS					
ARE YOU <input type="checkbox"/> WORKING <input type="checkbox"/> ATTENDING SCHOOL <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER				IF OTHER STATE :	
EMPLOYER'S NAME		EMPLOYER'S PHONE		VETINARIAN'S NAME AND ADDRESS:	

### What pets have you had in the last five years?

Pet's name	Breed/type	age	Sex (m/f)	Spayed/ neutered	DO YOU STILL HAVE THIS PET	PLEASE LIST TWO PERSONAL REFERENCES:	
				Y OR N	Y OR N		(1) NAME / PHONE/ ADDRESS
				Y OR N	Y OR N		
				Y OR N	Y OR N		(2) NAME /PHONE/ ADDRESS
				Y OR N	Y OR N		

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE, AND I AUTHORIZE THE HOLDER TO CONTACT VETERINARIANS, LANDLORDS, AND REFERENCES TO INVESTIGATE ALL STAEMENTS IN THIS APPLICATION, AND TO DO FOLLOW -UP PROPERTY CHECKS.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_