

HV Form – SNARR Special Needs Animal Rescue and Rehabilitation

Date: _____

Applicant Name: _____

HV Done By: _____

Home is:

In suburbs ___

Country/rural ___

City ___

Close to major road/highway/intersection ___

The energy/activity of the home is:

Normal activity ___

Quiet, few visitors ___

Chaotic ___

Other (describe) _____

Notes: _____

Is the home a duplex or a townhouse?

Yes ___

No ___

Fence type and height: _____

No fence ___

How close are the neighbors? _____

No neighbors ___

Is the neighbors' fencing touch/near applicant fencing?

Yes ___

No ___

No neighbors ___

Do the neighbors have dogs?

Yes ___

No ___

No neighbors ___

What type and how many? _____

Are the neighbor dogs polite at the fence or do they show too much stimulation/interest?

Is there a pool?

Yes ___

No ___

Fenced off ___

Not fenced ___

Any kennels/dog runs/tie outs noted?

Yes ___

No ___

If yes, please describe: _____

Are there other household animals?

What are they? _____

How are they treated? _____

What is their temperament? _____

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If any current dogs, are the dogs trained to/do they listen to their owners?

Yes ___

No ___

No dogs ___

Do they seem fearful of the owners or shy/skittish if reprimanded/corrected by them?

Yes ___

No ___

No dogs ___

If there are cats, are they indoor or outdoor or both?

Indoor ___

Outdoor ___

Both ___

No cats ___

What is the overall physical and emotional condition of the household pets?

Are there children in the home?

Yes ___

No ___

Ages/genders: _____

How are they treated/behaved? _____

Are they kind and gentle to the household?

Yes ___

No ___

Do other dogs visit the home?

Yes ___

No ___

Yes, but infrequently ___

Does the applicant wish to walk their dog around the neighborhood?

Yes ___

No ___

Does the applicant wish to be able to take the dog to dog parks, friends' homes, or day care?

Yes ___

No ___

Notes:

Where is the dog kept when owners are not home? _____

How long will the dog be left at home on average? _____

Do they have a midday relief plan in case of long days?

Yes ___

No ___

Who will primarily care for the dog? _____

Adults in the home are:

Dog savvy ___

Able to handle easy issues but not behavioral issues ___

Well-meaning but clueless ___

Other _____

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Are all family members on board with fostering/adopting a dog?

Yes ___

No ___

Do they know anything about training/obedience?

Yes ___

No ___

Positive ___

Negative/abuse ___

Will they set and maintain behavioral limits/discipline?

Yes ___

No ___

Who cares for the dog while they are on vacation? _____

Discussions:

Proper diet ___

Car safety (hot car, unlocked car, etc) ___

Vaccination ___

Call us with questions or issues ___

Monthly medical (hw/flea prevention) ___

Returning the dog if unable to keep ___

ID tags ___

Transition time/adjustment of a new dog ___

Microchipping ___

Other _____

Average monthly expense ___

Average costs for emergency care ___

Additional information:

I would feel comfortable leaving my own dog in the applicant's home:

Yes ___

No ___

Recommendation:

Approve ___

Deny ___

Approve with qualifiers (explain) _____