

Heart Bandits

American Eskimo Dog Rescue

A Nonprofit Corporation www.heartbandits.com

Adoption Application

Version 3.1

Thank you for your interest in adopting an American Eskimo Dog through Heart Bandits. Please complete this form to start the adoption process. This information will help us match you and the right Eskie. Your application will be reviewed and forwarded to the appropriate Heart Bandits Chapter(s). All our Heart Bandits rescue work is volunteer. We appreciate your patience.

Name: _____

Address: _____

City: _____ State/Prov: _____

Postal Code: _____

Mailing Address, if different from above

Address: _____

City: _____ State/Prov: _____

Postal Code: _____

Email Address: _____

Daytime Phone: _____

Evening Phone: _____

Occupation: _____

Spouse's occupation: _____

Number of other people living in your home: _____

Name:	Age	Sex

Please list current pets Provide month and year (mm/yy) of last DHLPP, rabies and heartworm check.

Name:	Age	Sex	Breed	DHLPP	Rabies	Heartw

Veterinarian: _____

Vet Clinic Name: _____

Address: _____

City: _____ State/Prov: _____

Postal Code: _____

Telephone: _____

Why are you considering an American Eskimo Dog as opposed to other breeds?

Have you or anyone living with you ever owned an American Eskimo Dog? If so, explain:

What type of dwelling do you live in? _____

Do you own or rent? _____

If you rent, do you have the landlord's permission to keep a dog? _____

Do you have a fenced area, yard or kennel? If so, please describe the area:

Where will the American Eskimo Dog live & sleep? Explain fully:

Where do your current pets live & sleep? Past pets? Explain fully:

