



# The Sighthound Underground

PO Box 339, McLean VA 22101

866-661-SHUG

Foster /  Adopt

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

HPhone: \_\_\_\_\_ WPhone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's: \_\_\_\_\_

Other people living in the home:

Name	Age	Relationship

Other pets in the home:

Name	Breed	M/F	Age	Weight	Fixed	UTD
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about your pet's personalities:

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Please tell us about pets you have owned in the past and where they are now:

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Check Residence type:

- Single Family
- Townhouse
- Apartment
- Other: \_\_\_\_\_

Check Rent or Own:

- Own
- Rent \*\*
- Other: \_\_\_\_\_

Fence:

- Yes
- No

Type of Fence: (check all that apply)

- 4 ft or less
- Over 4 ft
- Metal
- Wood – split rail
- Wood – privacy/solid

\*\* Please fill in your Landlord's contact information:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you submitted an application with any other adoption groups?

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Why are you interested in adopting a Sighthound?

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For what reason would you ever return or give up a dog?

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Does anyone in your family have any pet allergies?

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How long will your dog be alone every day? Where will they stay?

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Where will your dog sleep at night?

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Please tell us about your lifestyle (work, traveling, entertaining, etc.):

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Would you object to a home visit if SHUG requested one? If so, why?

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Do you have a doggie door?

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Would you take your dog to obedience classes or work with a trainer?

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Would you crate train your dog? Why or why not?

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Current Veterinarian	Past Vet (if different)
Doctor:	Doctor:
Clinic:	Clinic:
Address:	Address:
Phone Number:	Phone Number:

Personal References: (not family members)

Name:	Name:
Relationship:	Relationship:
Best number:	Best number:
E-Mail Address:	E-Mail Address:

What kind of dog are you interested in adopting? (check all that apply)

<input type="checkbox"/> Male	<input type="checkbox"/> Under 1 year	<input type="checkbox"/> Specific Color: _____
<input type="checkbox"/> Female	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> Specific Breed: _____
<input type="checkbox"/> Either	<input type="checkbox"/> 3-6 years	<input type="checkbox"/> Specific dog: _____
	<input type="checkbox"/> Over 6 years	

<input type="checkbox"/> Playful	<input type="checkbox"/> Under 25 lbs	<input type="checkbox"/> High Energy – Agility/running
<input type="checkbox"/> Calm	<input type="checkbox"/> 25-50 lbs	<input type="checkbox"/> Moderate Energy
<input type="checkbox"/> Submissive	<input type="checkbox"/> Over 50 lbs	<input type="checkbox"/> Low Energy – Couch Potato

*I (We) understand that I (we) am (are) applying to adopt a dog through The Sighthound Underground (SHUG). The information contained in this agreement is true and correct. Each individual involved in this agreement has never been convicted of animal cruelty, neglect, or abandonment.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Spouse

\_\_\_\_\_  
Date