

WOLF-DOG ADOPTION APPLICATION PACKET

Page 1 of 5

Instructions: Please respond to all questions as thoroughly as possible. You are to be applauded for your interest in providing a loving home to a rescue animal. These questions are designed to help us properly assess each potential home and to assist in attaining an appropriate match. Each animal is as unique an individual, as is the human seeking to adopt them. The lifetime commitment to these animals makes it imperative for us to closely evaluate both the wolf-dog and the adoptor. One person's blessing might be another person's curse. Please be as truthful and forthright as possible. If you have any questions or need clarification, please contact us at any time. We are here to make this process as easy as possible.

PERSONAL INFORMATION: (Please Print Legibly or Type)

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____ St: _____

Zip: _____ DL#: _____ SSN: _____ / _____ / _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

DOB: _____ / _____ / _____ Cell Phone: _____

1. What is your reason for wishing to adopt a wolf-dog at this time?

2. Have you ever shared living space with a wolf-dog before? Yes No

a. If YES, was the wolf-dog primarily yours? Yes No

b. Have you had more than one wolf-dog? Yes No How Many? _____

If YES, was it: At the same time At differing times?

c. How long did you live with the wolf-dog? _____ Years _____ Mos

d. The wolf-dog lived primarily: Inside Outside Both

Other _____ (% In _____ % Out _____)

e. What became of the wolf-dog? died of natural causes _____

had to be euthanized because _____

had to be given away because _____

f. The wolf-dog(s) that lived with me were: Rescued Bought Other

g. Additional information we should know: _____

SHY WOLF SANCTUARY

Education & Experience Center, Inc.

P.O. Box 3032
Naples, FL. 34106
(239) 455-1698
www.shywolfsanctuary.org

WOLF-DOG ADOPTION APPLICATION PACKET

Page 2 of 5

3. Do you have any other direct experience with wolf-dogs? Yes No

If YES, please describe: _____

4. How many humans currently reside in your house? _____ Age Range? _____

5. How many animals share your home? _____ Please complete the table:

Animal Type	Animal Name	Age In Years	Gender (M/F)	Spay/Neuter (Y/N)

6. The wolf-dog would live: Indoors Full-time Outdoors Full-time In & Out
(% In _____ % Out _____)

7. What type of containment do you have/plan? (Check all that apply & explain):

_____ sq. ft Chain link (gauge _____ ht _____) Electric wire
 Dig guard Corner cover Crate Other: _____

8. In what ways have you researched wolf-dogs and wolves? (please list when possible)

Books: _____

Internet Sites: _____

Organizations: _____

Volunteering: _____

Other: _____

9. Are all animals in your care in good health and current on medical treatment?

Yes No I practice holistic medicine/prevention

WOLF-DOG ADOPTION APPLICATION PACKET

Page 3 of 5

10. May we contact your vet? Yes No (Explain): _____

Vet's Name: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

11. Who is your employer? Self-employed Other: _____

12. What type of work do you do? _____

13. Hours per week worked: 20-40 40-60 60+

14. How many hours/day will you spend with the wolf-dog on average? _____

15. How old were you when you got your first animal? _____ years

16. We are attempting to make a complete profile in order to place the right wolf-dog in the right home. Your experience with animals is important in this process. Some animals will require experience while others are very adaptable and willing to train you. Please describe the animals you have had in the following table, your age when the animal was acquired, length of time with you, and the circumstances under which it left your care in the following table:

Type of Animal	My Age	Primary Caregiver	Time with Me	Reason Gone

(If additional space is needed please complete on the back of this page)

17. What spiritual beliefs, if any, do you have? _____

WOLF-DOG ADOPTION APPLICATION PACKET

Page 4 of 5

18. Do you have a preference as to what type of animal you wish to adopt?

- None
Yes: Male Female, Puppy Adult, Color: _____
 Special Needs, Independent Needing lots of Attention

Reason: _____

19. What do you understand the phrase “establishing your alpha-dominance” to mean?

20. Would it ever be appropriate to strike an animal? No Yes (Explain): _____

21. Are you willing to accept this as a lifetime commitment? No Yes

You understand that to be how many years? _____

22. Are you willing to work to acquire Fish and Wildlife permits? No Yes

23. Do you take your animals on vacations and outings with you? No Yes

Describe these outings: _____

24. Do you have someone who can take care of this wolf-dog if you have to be away? (Boarding facilities will not board wolf-dogs, usually, and would not be recommended) Yes No

25. Are you expecting to train or utilize this animal for any particular type of work?

No Yes (Check all appropriate responses):

Pet Therapy

Education

Protection

Search & Rescue

Personal Assistance

Breeding

Other: _____

Why? _____

WOLF-DOG ADOPTION APPLICATION PACKET

Page 5 of 5

26. Are you able to adopt more than one animal (oftentimes we have some that cannot be separated without serious psychological harm to them)? Yes No

27. Are you willing to work with an animal who has special rehabilitation requirements? No Yes
Physical Psychological Both

28. What are your personal interests and hobbies? _____

29. Have you ever been convicted of a felony? No Yes (Explain): _____

30. Are you willing and financially able to provide supplemental raw meat for your wolf-dog?
Yes No (Planned diet): _____

31. How long have you been at your current address? _____ Years _____ Mos.
Own Rent (Landlord: _____ Phone: _____)
 (If renting, your landlord's permission will be required prior to placement.)

32. My wolf-dog could move in: Immediately Date: _____

PERSONAL REFERENCES: Please provide three personal references, not related to you and not your vet, in the following table:

Reference	Address	Phone	Years Known	Relationship

Additional Comments: _____

Signature: _____ Date: _____