

# STOLA

*Saluki Tree of Life Alliance, Inc.*

3701 Sacramento Street #345  
San Francisco, CA 94118-1705  
E-mail: stolarescue@earthlink.net



*Please complete this form and return the original to the main address or to the STOLA volunteer who is working with you. You may retain a copy for your records if desired. Circle choices where they exist.*

## **STOLA Adoption Application**

Date:

Name:

Street Address:

City:

State:

Zip:

Home Phone: (        )

Work Phone: (        )

Email address:

Occupation(s):

How did you hear about us?

Why do you want a Saluki?

Have you ever owned a dog?

If so, what breed or mix:

Do you still have the dog?

If not, what happened to the dog?

Do you have any other pets? (Enter #)

Cats (        ) Dogs (        ) Birds (        ) Other (        )

What is the sex and age of other pets?

Are other pets spayed or neutered?  
If not, why not?

Do you own or rent your home?

If you rent, does your landlord allow pets?

Do you have a rental or lease agreement stating that you are allowed to have pets?

Is your yard fenced?                      What type of fencing?  
Height?

Is your gate locked?

How many hours a day can you spend with your Saluki?

How many hours per day will the Saluki be left alone?

Where will the Saluki be when he is left alone?

Give a description of how your dog would spend the day:

If you go away on vacation or business, where will the Saluki stay?

Are you aware that special care needs to be taken when a veterinarian  
administers anesthesia to a Saluki?

Yes                      No

When making major life decisions, what weight would you give the  
welfare of your Saluki?

Where will the Saluki spend the days?

Where will the Saluki spend the nights?

Sex preference:              Male                      Female

What age dog would you prefer?

Do you have a color preference?

Do you prefer the smooth or feathered coat type?

Have you ever considered an animal to be your soul mate?

Do you understand that this Saluki will be spayed or neutered?

How will you exercise your Saluki?

Fenced yard

Enclosed park

Beach

Walks on leash

How long are you willing to wait for a Saluki?

Please include names and phone numbers of one or two references.

Name, address and phone number of your current veterinarian.

Does current veterinarian have Sighthound experience?      Yes      No      Unknown

How many people live in your household?

Do children live with you?

If yes, what are their ages and genders:

Have you ever considered an animal to be a member of your family?

Do you agree that the Saluki will be returned to us if the adoption does not work out or if you are unable to keep it for ANY reason?

Signature:

Dated:

***STOLA Contact Information for this transaction:***

Region:

Regional Coordinator:

Allied Club or Organization (if applicable):

Address:

Phone:

Email:

STOLA Volunteer:

Volunteer's Address:

Volunteer's Phone:

Volunteer's Email:

Volunteer's Signature: