HOMES FOR ORPHANED PETS EXIST (H.O.P.E.)

Wilton Mall at Saratoga Springs 3065 Route 50, D-1, Box 68 Saratoga Springs, NY 12866 (518) 428-2994 www.hopeanimalrescue.org info@hopeanimalrescue.org

Home Visit Report

Date of Home Visit:	
Applicant Information:	
Applicant's Name:	
Address (Street, City and State):	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	
Email Address:	
Housing Information:	
Dwelling: Home:	Rent: Own:
Townhouse:	Rent: Own:
Apartment:	Rent: Own:
Other:	
Condition:	
Briefly Describe:	
Setting:UrbanSuburban	
Street Traffic:HighMedium	
Street Speed:HighMedium	Low
Yard Information:	
Approximate Size:	
Fence:YesNo	
Type / Height of Fence:	
Condition of Fence:	
(Walk around parameter of fence to verify of	condition)
Distractions around/outside yard/fence:	
Comments:	
Children Information:	
Number of Children in Home:	
Ages of Children in Home:	
Children's Behavior:	ourrant nata
If home has pets, children's behavior with o	current pets:
Other Pets:	
Type of Pets:	
Number of Each Animal:	

Are current pets well cared for:	
Current pet's behavior with their owner(s):	
Current pet's behavior with other pets:	
General Information:	
Where will animal spend majority of time: (View area)	
Comments:	
Where will animal sleep: (View area)	
Comments:	
Hours a day animal will be left alone:	
Hours a day animal will be caged:	
Questions for H.O.P.E. Representative:	
How do family members interact?	
Is main caretaker physically able to care for pet?	
Would you feel comfortable leaving your pet here?	
Bring any hazardous materials (chocolate, anti-freeze, bleach, etc.) to the attention of applicant	•
H.O.P.E. Representative: Name:	
Phone Number:	
Email Address:	
Comments/Concerns:	
Approve:	
Disapprove:	