



Shewana Stars

Adoption Application

All questions must be completed!

Shewana Stars Adoption Center - P.O. Box 335, Antioch, IL 60002
847 - 347- HOME (4663)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number To Reach You: _____ Best Time To Call: _____

E-Mail Address: _____ Type of Residence: _____

We do most of our correspondence by e-mail. Please check your e-mail regularly after submitting an application. If you cannot leave an e-mail address, it may take longer before you are contacted as our adoption coordinator will be returning calls between the hours of 5:00 PM – 9:00PM Monday – Friday and during the day on weekends.

How Many Adults Live In Your Home? _____ How Many Children? _____

Please provide their name(s), age(s) , and relationship to you: _____

Do any children visit your home YES NO Do you rent or own? _____

If you rent or lease, your landlord will be contacted and a copy of the lease showing pet allowance will be required before adoption is finalized.

Landlord's Name: _____ Landlord's Phone Number: _____
(Please notify your landlord that we will be contacting him/her)

Employment History: Name of employer: _____

Employer Address: _____ Length of Employment: _____

Please List two personal references:

Reference One: Name: _____ Address: _____

Relationship: _____ Phone Number: _____

Reference One: Name: _____ Address: _____

Relationship: _____ Phone Number: _____

(Please notify your references that we will be contacting them)

What pets already reside in your house hold Please list them in detail:

Do you have a regular veterinarian? YES NO

We will contact your veterinarian for reference, so please fill in all the information as requested below:

Primary Veterinarian's Name: _____ Clinic/Hospital Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

If you do not have a regular vet, you will be asked to obtain one before the adoption is finished.

Are your pets spayed or neutered? (dogs/cats) YES NO

If not, please explain: _____

Can you provide proof of vaccinations and required licenses? YES NO

What product do you use to prevent heartworm? _____

What product do you use to prevent Fleas & Ticks? _____

Are you interested in any specific dog(s) that are in our program? YES NO

If Yes, please tell us something about the German Shepherd Dog(s) that you have owned:

If No, Please tell us why you are interested in adopting a German Shepherd Dog at this time. What brings you to our breed?

What are your plans for your new German Shepherd Dog? It is very important to us that we get a “feel” for the “dream” you have of owning a GSD. What are you hoping to get in return for providing a new home for one of our adoption candidates? In your own words, please describe your expectations. Give one example of time spent with your new friend.

Please tell us where you plan to keep your new dog?

- House
- Garage
- Basement
- With you
- Kennel
- Business
- Outdoors
- If Outdoors, describe shelter to be provided

As primarily Kennel Dogs, our Dogs are well suited to acclimating to climate changes and seasonal demands so long as adequate shelter, proper nutrition and health care are provided.

As condition of Placement, the Shewana Stars Adoption Program Team reserve the right to inspect all homes, grounds, or other facilities prior to approving any adoption request. If you do not find this condition acceptable, you will not be eligible to adopt a dog from this program. NO EXCEPTIONS!

It is very important to us to know our prospective adopters and their families. Please tell us a little about you and yours. In this way, we can better place the best dog with the most appropriate owner.

Does any member of your family or household have special needs or circumstances? Please explain.

If for any reason, you should find that you cannot provide the appropriate care for your adopted Shewana Star GSD, you must as a condition of the Adoption Contract, agree to return the said dog directly to our kennel located in Harvard, Illinois as quickly as possible. No refund of adoption fee will be given. No transfer of ownership to another owner will be allowed without specific written permission of the Shewana Stars Adoption Team. NO EXCEPTIONS!!

Thank you for taking the time to complete this application. Your answers to these very important questions will permit us to more effectively match your needs with available dogs in our program.

RELEASE: By submitting this document, you are stating that all information given herein is accurate and complete and that you are hereby giving your consent for the Shewana Stars Adoption Team to verify any and all information contained herein. The completion of this form does not entitle you to any guarantee of rights. Neither Shewana Stars Adoption Team, nor Shewana Shepherds and its owners, will be held liable in any way, for any dog, or its actions, once the dog has been placed.

Signed: _____ Date: _____

*Please Mail the completed application to: Shewana Stars Adoption Center
P.O. Box 335
Antioch, IL 60002*

REMEMBER ONLY COMPLETED APPLICATIONS CAN BE PROCESSED!

PLEASE ALLOW ADDITIONAL TIME FOR APPLICATIONS SENT BY MAIL!

Need help, or have a question? Call us at (847) 347-HOME (4663)

Or e-mail us at: adoptastar.info@gmail.com