

Northern
Exposure
Siberian
Husky
Rescue



Northern Siberian Husky Rescue
P.O. Box 4224 Brick, NJ 08723
1-800-589-1930

Adoption Form

Name: _____

Birthdate (MM/DD/YYYY): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

At this time we can only accept applications from Delaware, Maryland, New Jersey, New York, and Pennsylvania. If you live in another state, you must contact the rescue directly to determine if we can process your application.

E-mail: (1) _____ (2) _____

Phone: (Home) _____ (Cell) _____

You MUST provide two references of people that are NOT family. You MUST also provide the following for both: NAME, PHONE, E-MAIL and you're relationship with this person.

Reference 1: _____

Reference 2: _____

Siberian Husky Experience

Please check which applies the best for you:

- Owned pure Siberian(s) for less than 5 years
- Owned pure Siberian(s) for 5-10 years
- Owned pure Siberian(s) for more than 10 years

- Owned pure Siberian(s) for 1-5 y
- Owned a Husky mix currently or in the past

Other Breed Experience: _____

What other breeds of dogs do you have experience with? Tell us about the breeds you have owned in the past.

Current Dogs: _____

Pets Given Up: _____

If you have ever given up a dog or other pet, please explain the circumstances here. If you have not given up a pet, please state that here.

Own / Rent / Other:

Please check which applies the best for you

- Own
- Rent
- Live with Family

Pet Approval:

Please check which applies the best for you:

- My lease states I can own dogs of any size
- My landlord has given permission to own a dog
- I need to obtain permission from my landlord
- I have approval from my family
- I own my home and have no township restrictions to dog ownership
- I own my own home but am subject to certain community restrictions
- My lease states I can own dogs of any size

Landlord Info: _____

If you rent, provide the name and phone number of your landlord or rental agency.

Home Type:

Please check which applies the best for you:

- | | |
|--|---|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Multi-Apartment Building |
| <input type="checkbox"/> Duplex/Twin | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Homestead/Farm |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Retirement Community |

Years Residing:

Please check which applies the best for you:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 2-5 years |
| <input type="checkbox"/> Over 1 year | <input type="checkbox"/> Over 5 years |

Yard Description:

Please check which applies the best for you:

- | | |
|--|---|
| <input type="checkbox"/> Yard is NOT Fenced | <input type="checkbox"/> Yard has a Kennel or enclosed pen |
| <input type="checkbox"/> Yard is NOT fenced, but plan to install | <input type="checkbox"/> Yard is Fenced AND has kennel or pen |
| <input type="checkbox"/> Yard is fully fenced | |

Veterinarian Info

Name: _____

Please provide us with a name of a vet you currently use or have used in the past. If you are new to pet ownership, please provide the name of the vet you intend to use.

Address: _____

Please provide the address (City, State) of this vet.

Phone: _____

Home Check Objection: _____

Do you object to a home check? If so, please explain why

Alternate Dog:

Please check which applies the best for you

I am interested in other dogs

I will Consider others if it is a better match for me

Breed Research:

Please check which applies the best for you

Yes, I have read all the info on this site

I have not read all the information but am knowledgeable of the breed

I plan on reading more information on the breed

Adoption fee acknowledgement (please check after reviewing adoption fees listed on our website)

Return to:

NESHR

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