

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

P.O. Box 2497  
Wilton, NY 12831  
(518) 428-2994  
www.hopeanimalrescue.org  
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**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: \_\_\_Urban \_\_\_Suburban \_\_\_Rural

Street Traffic: \_\_\_High \_\_\_Medium \_\_\_Low

Street Speed: \_\_\_High \_\_\_Medium \_\_\_Low

**Yard Information:**

Approximate Size: \_\_\_\_\_

Fence: \_\_\_Yes \_\_\_No

Type / Height of Fence: \_\_\_\_\_

Condition of Fence: \_\_\_\_\_

(Walk around parameter of fence to verify condition)

Distractions around/outside yard/fence: \_\_\_\_\_

Comments: \_\_\_\_\_

**Children Information:**

Number of Children in Home: \_\_\_\_\_

Ages of Children in Home: \_\_\_\_\_

Children's Behavior: \_\_\_\_\_

If home has pets, children's behavior with 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.

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**H.O.P.E. Representative:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Comments/Concerns: \_\_\_\_\_

Approve: \_\_\_\_\_

Disapprove: \_\_\_\_\_