

SCHNAUZERS ETC.

PRIVATE ADOPTION APPLICATION

Please fill out the application completely, if a block does not apply to you please insert N/A in that spot.

Date: _____ Name of dog application will be applied to _____ Foster parent _____

Household Information

Name: _____ DOB: _____ DL#: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Do you live in: [] Apartment [] Town home [] Mobile home [] House [] Other

Do you rent? (Y / N) If yes, please provide the following information:

Landlord/ Rental Company: _____ Phone: _____

How long have you lived at this residence? Years _____ Months _____

If renting: Does your landlord or complex allow pets? (Y / N) Is there a weight limit? (Y / N) If yes: How much? _____ (Pounds)

Is a pet deposit required? (Y / N) Is there a breed restriction? (Y / N)

If yes: Can proof of pet deposit be obtained from your landlord? (Y / N)

If no, why not? _____

Do you plan to move in the next 12 months? (Y / N)

Do you have a fenced yard? (Y / N) Height ___ft Type of Fence: [] Wood [] Chain Link [] Other _____

Employment Information

Employer: _____ City: _____ Work Phone#: _____ Years at job _____

Spouse's Name _____ Employer _____ Work Phone # _____ Years at Job _____

Have you ever been convicted or accused of Animal Cruelty/ Neglect? (Y/N)

How many people live in your house over the age of 18? _____ under 18? _____

please list all home members and ages:

Do all adults in the household consent to adopting this dog? (Y / N) (Initial) _____

Are you or your spouse a student? (Y / N) Full time/Part time?

Do you travel frequently? (Y / N) If yes, who will care for your pet(s)? _____

Does anyone living in your household have allergies to dogs? (Y / N)

Does anyone living in your household have asthma? (Y / N)

Have you ever given a personal animal up for (adoption/rehomed/turned over to an animal shelter? (Y / N) If yes, why?

Are all pets in your household current on the following: Annual Vaccinations? (Y / N)

Heartworm preventative? (Y / N)

Have any pets in your home, now or in the past, been diagnosed with an infectious disease? (Y / N)

Which diseases? (Fel Leuk/ FIP/ FIV/ Heartworms/ Distemper/ Parvo/ Coccidia/ Mange)

If yes, was the disease treated, and how long ago?

Would you use a tie out/chain to keep the animal in the yard? (Y / N)

Would the dog ride in the back of a truck? (Y / N) Is there a camper top on the truck? (Y / N)

The pet I am adopting will be kept:

[] Totally Inside [] Mostly Inside [] Mostly Outside [] Totally Outside.

While I am at work, the pet will be kept _____

I am gone _____ hours a day and my spouse is gone _____ hours per day.

Do you come home for lunch? (Y / N)

Where will the pet will sleep? _____

Please list all cats and dogs you have owned within the last 3 yrs, and currently own _____

Please explain here if any of your current animals are NOT SPAY/NEUTERED or UTD ON SHOTS, HW preventatives. _____

Do your current animals get along with other animals: (Y / N)

If no, please explain how this will be handled: _____

*References

*NAME *PHONE NUMBER *NUMBER OF YEARS KNOWN *RELATIONSHIP (NOT RELATED PLEASE)

1. _____
2. _____
3. _____

Veterinarian Name: _____

How long have you used this vet? _____ Phone: _____

If less than 1 year please provides previous Veterinarian information:

Name of prior Veterinarian or Vet Clinic: _____

How long have you used them? _____ Phone: _____

(INFORMATION SUBMITTED): I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. If an omission or untruth is discovered after an animal is placed in my care, I understand Dawn McDonough reserves the right to annul the adoption and reclaim the animal. I give her permission to fully investigate the information provided and contact all references listed on this application. I am not exceeding the animal limit of my city/county by adopting this animal. I agree to provide regular care, nourishment, and love, for as long as my adopted animal lives. _____

(NON REFUNDABLE ADOPTION FEES): I understand Adoption fees are NON REFUNDABLE after 7-10 days if any dog is returned. Adoption fees will only be refunded within that period with a very valid reason for the pet being returned. Initial here _____

Adopter:

Full Printed Name

Signature

Date