

“WATCH LIST”

Application will be held for 1 year

_____ **Initial**

_____ **MPC Volunteer**

Max’s PET CONNECTION, Inc.

501(c)3 Non-profit Corporation

APPLICATION to ADOPT a DOG

Please fill out all information completely (3 pages).

A Non-Refundable \$25 application fee will be required before this application can be processed. If the dog is adopted the \$25 will go towards the total adoption fee.

Please note: if current or previous animals have not been kept up to date on shots, heartworm prevention and wellness care, this application will be rejected.

Date: _____ **Name of dog/breed /gender desired** _____ Fee _____

Driver's License no: _____ St. _____

Applicant’s printed name: _____ Age _____

Co-applicant’s printed name: _____ Age _____

Home address: _____

City _____ State _____ Zip _____

E-mail address: _____

Phone (h) _____ (c) _____ (w) _____

Applicant’s occupation: _____

Applicant’s place of employment & phone #: _____

Co-applicant’s occupation: _____

Co-applicant’s place of employment & phone #: _____

Why do you want a dog at this time: _____

Why do you want this breed? _____

Size of dog wanted: under 10lbs. _____ 10-20lbs. _____ 20-50 _____ other _____

Would you consider a special needs dog? _____

Would you consider a dog that is not housetrained? _____

What are your thoughts on the use of a crate for your dog? _____

Please specify what type of home you live in: _____

Do you rent or own: _____

If you rent, please provide the name & phone # of landlord: _____

How long have you lived at this address: _____ How long at previous address: _____

Please list all people currently living at this residence, their relationship to the applicant, and their ages: _____

Do you have a pool or hot tub: _____ Is it fenced/covered so that a dog CANNOT get to it? _____

_____ Explain if necessary _____

Home visits are required by rescue. Is this acceptable ? _____

Days and times you are available: _____

Do all adults work full-time, or not at all: _____

Is anyone home while you are working: _____ Who: _____

Will this person be responsible for the dog: _____

Do you have a completely fenced area on your property: _____

If no, please explain how you will address the dog's need for exercise, potty needs, etc.

How many hours each day will your dog be alone: _____

Where will your dog be kept during the day (loose indoors/crate/basement/laundry room/kitchen/other confined room/fenced yard/chained outside/dog run/outside kennel run/on lead attached outside/loose outdoors/garage/dog house/etc.). Please be specific.

Where will the dog sleep at night? Again, be specific: _____

Who will be responsible for feeding: _____

Who will be responsible for housetraining: _____

How much experience does this person have in housetraining and other training needs:

How would you handle house training: _____

WHO WILL CARE FOR THE DOG IN THE EVENT THAT YOU ARE NO LONGER ABLE to CARE FOR THE DOG
PLEASE CONSIDER PUTTING YOUR DOG IN YOUR TRUST or WILL ALSO.

Name _____

Relationship _____ **Phone #** _____

Have you, as an ADULT, owned a dog before: _____ If it is no longer with you, Please provide a brief explanation of what happened _____

Have you ever had an animal die at an early age: _____ Please explain _____

Have you ever given an animal to another person, rescue or shelter: _____ If so please explain: _____

Please list below any pets that currently live in the house. Include their name, breed, gender, age, years owned, and whether they are neutered or not:

Are these animals up to date on shots, heartworm preventative, veterinary care, etc.: _____

If not, please specify which ones and why: _____

VETERINARIAN REFERENCE

We will require the name of your current vet. If you have no animals at this time, then a vet that you have used in the recent past.

Name of Vet's office: _____
Phone Number: _____

Reason for last visit: _____
What name are the records listed under: _____

Groomer reference

Please list a groomer that you currently use or have used in the past.

Name: _____
Phone: _____

PERSONAL OR PROFESSIONAL REFERENCE

Name: _____ Ph. # _____

Name: _____ Ph.# _____

Applicant's printed name: _____
Applicant's signature: _____

Co-applicant's printed name: _____
Co-applicant's signature: _____

Adoption donation will vary according to each individual dog.

How did you hear about us?
Web site ___ Facebook ___ Brochure ___ Business Card ___ Walk in ___ Other ___

MPC volunteer assisting with this application

Application fee collected yes no Amount \$

Maxine L. Hirsch (rescuer) maxlhirsch@comcast.net 352-669-2855
