

**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 \$25 application will be required before  
this application can be processed**

**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.

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**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 housetraining: \_\_\_\_\_

**\*WHO WILL CARE FOR THE DOG IN THE EVENT THAT YOU ARE NO LONGER ABLE to CARE FOR THE DOG\*\*\*\*\***

**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: \_\_\_\_\_

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**VETERINARIAN REFERENCE**

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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.

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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:** \_\_\_\_\_

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**PERSONAL OR PROFESSIONAL REFERENCE**

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Name: \_\_\_\_\_ Ph. # \_\_\_\_\_

Name: \_\_\_\_\_ Ph.# \_\_\_\_\_

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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.***

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

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MPC volunteer assisting with this application \_\_\_\_\_

**Application fee collected** yes \_\_\_\_\_ no \_\_\_\_\_ **Amount \$** \_\_\_\_\_

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Maxine L. Hirsch (rescuer)                      [maxlhirsch@comcast.net](mailto:maxlhirsch@comcast.net)                      352-669-2855

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Nov.12, 2017