**Medical Mutts Dog Adoption Application**

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| **Date** |  | **Dog’s Name** |  |
| **First Name** |  | **Last Name** |  |
| **Street Address** |  |
| **City** |  | **State** |  | **Zip Code** |  |
| **Home Phone** |  | **Cell Phone** |  |
| **Email** |  |

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| **Place of Employment** |  |

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| **Who will be the primary caretaker for this dog?** |  |
| **Do you** | **[ ]  Own [ ]  Rent** |
| **Landlord’s Name** |  |
| **Landlord’s Phone Number** |  |
| **Are you allowed to have pets in your home?** | **[ ]  Yes [ ]  No** |
| **Do you have any breed or weight restrictions?** | **[ ]  Yes [ ]  No** |
| **If yes, what are the restrictions?** |  |
| **What type of home do you live in?** | **[ ]  House [ ]  Townhome** **[ ]  Apartment/Condo** |
| **Where will the dog stay when you are home?** | **[ ]  Loose in House [ ]  In Yard****[ ]  In Crate [ ]  In Kennel** |
| **Where will the dog stay when you are not home?** | **[ ]  Loose in House [ ]  In Yard****[ ]  In Crate [ ]  In Kennel** |
| **Do you have a fenced yard?** | **[ ]  Yes [ ]  No** |
| **If yes, how tall is your fence?** |  |
| **What type of fencing?** |  |
| **If no, how do you plan on providing bathroom breaks for your dog?** |  |
| **How do you plan on exercising your dog?** |  |
| **Where will the dog sleep at night?** |  |
| **How many hours on average per day will the dog be left alone?** |  |
| **Where will the dog stay while you are gone for multiple days (weekend trips, holiday/vacation)?** |  |

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| **Do you have any other pets?** | **[ ]  Yes [ ]  No** |
| **Please describe species/gender/age of each of your pets** |  |
| **Are there children (under age 18) living in the home?** | **[ ]  Yes [ ]  No** |
| **If yes, what are their ages?** |  |
| **How would you best describe your household?** | **[ ]  Active [ ]  Noisy** **[ ]  Quiet [ ]  Average** |
| **Does anyone in the home have allergies to animals?** |  |
| **If you move, what will you do with this dog?** |  |
| **Have you ever taken a dog to a shelter?** | **[ ]  Yes [ ]  No** |
| **If yes, why?** |  |
| **Have you previously owned pets?** | **[ ]  Yes** **[ ]  No** |
| **If yes, what happened to them?** |  |

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| **What veterinary clinic do you plan on using?** |  |
| **Have you hired a trainer and/or attended classes with a previous dog?** | **[ ]  Yes [ ]  No** |
| **If yes, what was the name/company of the trainer?** |  |

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| **What is the reason that you are looking to add a dog to your family?** | **[ ]  Companion [ ]  Family Pet****[ ]  Companion for Other Pet** **[ ]  Gift for Someone Else** **[ ]  Protection/Guard Dog****[ ]  Child’s Companion [ ]  Other:**  |

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| **Please initial the following statements:** |
|  | **I understand this dog is not to be used as a service animal** |
|  | **I understand that a home visit may be conducted prior to placement of an adopted animal** |

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| **Signature** |  |
| **Date** |  |