## MCMSR ADOPTION APPLICATION

In an effort to guide us in identifying a compatible rescue dog for you to adopt, please complete this questionnaire completely and as honestly as possible. Please fill in the appropriate answers after the questions and email to <a href="mailto:maplecreekdogs@gmail.com">maplecreekdogs@gmail.com</a>. Thank you!

Date:
Name:
Address:
City:
State:
Zip:
Home Phone:
Work Phone:
E-mail:

Are you looking to adopt a male or female or either?
What age group would you consider?
Do you have any other requirements in your new dog?
Are you married or living with another adult?
If yes, does your partner approve of you adopting a dog?
Ages of children in the home?
Do you plan to have any more children?
Do children visit? How often? Ages of visiting children?
Do you work outside the home?
If yes, occupation?

How many hours are you away from the house at a time? What type of dwelling do you live in?

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Do you own or rent your current residence?

If renting, do you have your landlord's permission to have a dog?

Landlord's name and phone number?

Do you intend to keep this dog primarily indoors or outdoors?

Where will your dog stay while you are gone?

Where will your dog sleep at night?

Do you have completed secure fencing/

What kind of fencing?

Please list <u>all</u> your current pets: breed, age, gender, spayed/neutered?

Please list any previous dogs that you have owned as an adult. Please include if the dog died or why you no longer have the dog?

Are you prepared to assume the financial responsibilities of caring for an animal, including inoculations, regular grooming, veterinary care, good quality food, licensing, training, etc?

What type of food do you plan to feed the dog?
Who will be responsible for feeding the dog?
What would happen to the dog(s) if you were no longer in a position to continue to care for them?

Is this Miniature Schnauzer going to be a gift? For whom?

Do they know they are getting the gift?

Do you understand that any rescue Schnauzer that you may adopt through MCMSR will be spayed/neutered?

Please provide your vet's name, address and phone number.

Please give a brief description of your lifestyle and hobbies.

Please include any other information you feel would be helpful.

Personal references (Please NO RELATIVES - groomer, pet-sitter, co-worker, friend, neighbor, etc.):

NOTE: two are REQUIRED, three if no vet reference given

Name #1

Relationship

Address

Phone number

Email

Name #2

Relationship

Address

Phone number

Email

If no veterinary reference, please provide a third personal reference:

Name #3

Relationship

Address

Phone number

**Email** 

I ascertain that I have answered all of the above questions truthfully and that the above information is correct. I give my permission to contact the above references.

\*\*\*\*Adoption Application is subject to approval by MCMSR\*\*\*\*