

**“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).*

**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 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**

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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: \_\_\_\_\_

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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**

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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.***

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 \$***

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