

“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.

PLEASE PRINT CLEARLY

NAME OF DOG/BREED/GENDER DESIRED _____

Date: _____

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:

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:

WHO WILL CARE FOR THE DOG IN THE EVENT THAT YOU ARE NO LONGER ABLE TO*
PLEASE CONSIDER PUTTING YOUR DOG IN YOUR TRUST or WILL ALSO.
(MUST BE SOMEONE OTHER THAN YOUR SPOUSE OR PARTNER)

Name _____

Relationship _____ Phone # _____

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: _____

How did you hear about us?

Web site ___ Facebook ___ Brochure ___ Business Card ___ Walk in ___ Other ___

MPC volunteer assisting with this application: _____

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