

Mostly Mutts

Animal Rescue Adoption Application

Name	First	Last		
Occupation				
Significant other name	First	Last		
Address	House Number	City	State	Zip
Phone	() -	Email:		

I Currently:		Rent		Own		Other
If renting	First	Last	Phone Number	() -		
Landlord contact						
Do you have your landlord's permission for this pet?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
How long at this address?	Years:	Months:				
Do you have a fenced yard?	If yes, type and height:					
Do you have a pool?	If yes, is the pool area fenced?					
Do you have any children?	If yes, ages?					

Will the animal be an indoor or outdoor animal?	
Time spent inside:	Time spent outside:
How long with the animal be left alone on a day to day basis?	
Where will the animal be when left alone?	
Where will the animal sleep at night?	

<p>Why do you want a dog? (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> House pet <input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> Companion for current pet <input type="checkbox"/> Childs pet <input type="checkbox"/> Family pet <input type="checkbox"/> Security for business <input type="checkbox"/> Gift (explain) <input type="checkbox"/> Other (explain) 	<p>What other pets on the premises?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Ferrets <input type="checkbox"/> Rodents <input type="checkbox"/> Poultry <input type="checkbox"/> Livestock <input type="checkbox"/> Other (explain)
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Are your other pets spayed/neutered?

Have you owned this breed of animal before?	Have you owned pets before?
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Where are these pets now? Death due to illness Death due to accident Rehomed

Death due to another animal Lost/ran away Other(explain)

Do you have a vet? Office name: Vet name:

Phone () -

Do you understand the responsibilities and costs with owning a pet?
 Are you prepared for the time investment required by owning a pet?
 Are you prepared for the added dirt, allergens, and sometimes destruction that a pet may bring you?
 Are you financially prepared to provide the medical care, grooming, proper diet, proper shelter, and exercise required by your pet?
 If there are members of your household with allergies, are you prepared to make any required arrangements so that this does not interfere with bringing this animal into your home?
 Under what circumstances would you not be able to keep this animal if you were to adopt it?

Applicant Signature _____ Printed Name _____