



DOG ADOPTION APPLICATION

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in; Single Family, Town Home, Apartment, Farm, etc?

Please describe your household: ____Active ____Noisy ____Quiet ____Average

If you rent, please give rules governing pets and provide the landlord's name and number:

By providing your landlord's contact information you are allowing MHARSS to contact your landlord to verify permission that you may have a pet.

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on their vaccines? _____

Are these pets spayed / neutered? If not, why? _____

Have you ever surrendered a pet? If so, why? _____

Have you ever had a pet euthanized? If so, why? _____

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? _____ Yes _____ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Phone: _____

By providing MHARSS with this information you are allowing MHARSS to contact your vet. Please call your vet and ask them to authorize release of information to MHARSS.

About the Dog You Wish to Adopt

What is your idea of an ideal dog and why? _____

Desired Age: _____ Desired Size: _____

Desired Breed: _____

Breed you would not adopt: _____

Desired sex: _____ Female _____ Male _____ No preference

Willing to adopt: _____ outgoing/hyper dog _____ shy dog

_____ dog that needs regular medication

_____ Dog that needs training

_____ Dog that needs grooming

_____ None of these

Where will the dog spend the day? (describe)

Where will the dog spend the night? (describe)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for the dog's daily care? _____

Who will have financial responsibility for the dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? _____ Yes _____ No

Do you agree to keep the dog as an indoor dog? _____ Yes _____ No

When the dog goes out, how do you plan to supervise? _____ Fenced in Yard _____ Walked on a Leash

Do you agree to contact MHARSS if you can no longer keep the dog? _____ Yes _____ No

Are you willing to let a representative of MHARSS visit your home by appointment?

_____ Yes _____ No

How did you hear about MHARSS? _____

Would you be interested in fostering? _____ Yes _____ No _____ Would like to Know more

Personal References

Please provide two personal references that are familiar with both you and your pets:

Name: _____

Address: _____

Phone Number: _____

Relationship (relative, neighbor, friend, etc.)

Name: _____

Address: _____

Phone Number: _____

Relationship (relative, neighbor, friend, etc.)

All of the information I have provided in this application is true and complete. This dog will reside in my home as a beloved pet, I will provide quality food, fresh water, a safe indoor haven, affection, annual physical examinations and vaccinations under the supervision of a licensed Veterinarian.

Signature

Date

Mountain Haven Animal Rescue & Support Services, Inc. is a 501c3 Non-Profit organization dedicated to providing new beginnings to animals in need and at risk.