



Medical Mutts Dog Adoption Application

Date		Dog's Name	
First Name		Last Name	
Street Address			
City		State	Zip Code
Home Phone		Cell Phone	
Email		DOB	

Job & Place of Employment	
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Who will be the primary caretaker for this dog?	
Do you	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord's Name	
Landlord's Phone Number	
Are you allowed to have pets in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any breed or weight restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the restrictions?	
What type of home do you live in?	<input type="checkbox"/> House <input type="checkbox"/> Townhome <input type="checkbox"/> Apartment/Condo
Where will the dog stay when you are home?	<input type="checkbox"/> Loose in House <input type="checkbox"/> In Yard <input type="checkbox"/> In Crate <input type="checkbox"/> In Kennel
Where will the dog stay when you are not home?	<input type="checkbox"/> Loose in House <input type="checkbox"/> In Yard <input type="checkbox"/> In Crate <input type="checkbox"/> In Kennel
Do you have a fenced yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how tall is your fence?	
What type of fencing?	
If no, how do you plan on providing bathroom breaks for your dog?	
How do you plan on exercising your dog?	
Where will the dog sleep at night?	
How many hours on average per day will the dog be left alone?	
Where will the dog stay while you are gone for multiple days (weekend trips, holiday/vacation)?	

Do you have any other pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe species/gender/age of each of your pets	
Are there children (under age 18) living in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are their ages?	
How would you best describe your household?	<input type="checkbox"/> Active <input type="checkbox"/> Noisy <input type="checkbox"/> Quiet <input type="checkbox"/> Average



MEDICAL MUTTS

Does anyone in the home have allergies to animals?	
If you move, what will you do with this dog?	
Have you ever taken a dog to a shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why?	
Have you previously owned pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what happened to them?	

What veterinary clinic do you plan on using?	
Have you hired a trainer and/or attended classes with a previous dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the name/company of the trainer?	

What is the reason that you are looking to add a dog to your family?	<input type="checkbox"/> Companion	<input type="checkbox"/> Family Pet
	<input type="checkbox"/> Companion for Other Pet	
	<input type="checkbox"/> Gift for Someone Else	
	<input type="checkbox"/> Protection/Guard Dog	
	<input type="checkbox"/> Child's Companion	<input type="checkbox"/> Other:

The following questions help us better understand the people we serve and apply for grants. These questions are optional.

Which gender do you identify most with? - Male - Female - Other - Prefer not to say Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of Spanish or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No What would best describe you? - African American - Asian - Native American - White - Other	What is your annual household income? - Less than \$25,000 - \$25,000 - \$50,000 - \$50,000 - \$100,000 - \$100,000 - \$200,000 - More than \$200,000 - Prefer not to say
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Please initial the following statements:	
<input type="checkbox"/>	I understand this dog is not to be used as a service animal
<input type="checkbox"/>	I understand that a home visit may be conducted prior to placement of an adopted animal

Signature	
Date	