

1. The reason you would like to adopt a dog: Companion Gift Protection For Child
Other: _____
2. Do you live in a: House Townhouse Apartment Condo Mobile Home
3. Do you: Own Rent If Rental, Landlord: _____ Phone: _____
4. Do you have a fenced yard: Yes No What type of fence do you have?(e.g. wood, chain link,
Electric) _____ How tall is your fence: _____
Does the fence fully enclose your yard: Yes No Backyard only
5. If you do not have a fenced yard, how will your dog be let out? Circle all that apply:
Leash Walked Trained to stay in yard Tied out Kenneled Other, explained:

6. Where will this pet be Kept: During the DAY? *Inside Outside*
During the NIGHT? *Inside Outside*
7. Where will the dog sleep: _____
8. When you are work or out of the house for any reason, how will the dog be kept? Circle *all*
that apply:
Crate Run of House Backyard Kennel Access to Doggie Door Doghouse Garage
Other (explain): _____
9. How many adults live in your house? ____ How Many Children: _____ Ages: _____
10. Is anyone home during the day? Yes No Who? _____
11. What is the average period of time that the dog will be left alone (e.g. work day) _____
12. We require that all animals adopted from us be spayed or neutered. Do you agree with this
Policy? Yes No If No, please explain: _____
13. Who will care for the dog when you are on vacation: _____
14. If you move, what will do you with the dog: _____
15. Are you willing to take responsibility for this dog for the next 10 years or more? _____
16. How much to you expect it will cost to care for this dog each year, including food, veterinary
care, grooming, etc. _____

17. Under what circumstances or situations would cause you to return the dog?

18. As part of our adoption process we do home visits. Are you willing to have a home visit?

Yes No If no, why not? _____

19. List 3 personal references (2 non-family) including name, telephone number & relationship:

Name of Veterinarian for Current Pet(s): _____

Name of Animal Hospital or Facility: _____

Phone Number: _____ Last Name on Records: _____

Where did your pets receive their vaccinations: _____

If your pet was vaccinated in a clinic, we will need a copy of the proof of rabies vaccination.

Name of Veterinarian for deceased Pets: _____

Animal Hospital or facility: _____

Phone Number: _____ Last Name on Records: _____

I authorize the release of any and all of my pet/pets' medical information to Pet Rescue of Maryland from the veterinarians listed above:

Signature: _____ Date: _____

Witness: _____

To the best of my knowledge, all the information I have provided on this form is true and accurate

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

We reserve the right to refuse the adoption of an animal to anyone.