

Dog Adoption Application

Pet Rescue of Maryland

Please complete the application form and return it either in person or email to info@petrescueofmd.org. The adoption process can take up to 2 weeks. This allows us time to complete our process and gives you time to prepare for your new family member. Please answer all the questions. If all of the questions are not answered, this will cause a delay in processing your application.

Date:_____

Name of the Dog you would like to Adopt: _____

Dominate Breed: _____

Applicant:_____

Co-Applicant: _____ Relationship: _____

Address:_____

Home Phone:_____ Cell Phone:_____

E-mail Address:_____

Mailing Address (if different:_____

Applicant's Employer:_____ Phone:_____

Co-Applicant's Employer:_____ Phone: _____

Relative's Phone:_____ Relationship:_____

List all the cats and dogs you have owned both PAST and PRESENT:

[illegible]

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.