

ADOPTION APPLICATION

We know this is time consuming, but we are trying to find the perfect home for each pet and the perfect companion for your home. To do this, we need your help. We ask that you complete all the questions completely and honestly. Please elaborate as much as possible. The information you provide will help us match you with the most compatible pet to fit your home and lifestyle. If any information is left blank, we will ask you to furnish it. If you decide to adopt today, this form will become part of your adoption contract. If you do not find your companion today, this form will remain in our files for 90 days so that you will not have to fill it out again on your next visit. This information will be **CONFIDENTIAL** and will not be used for any other purpose. *Thank you for your patience and cooperation.*

In order to be considered as an adopter today, you must

- Be at least 21 years old.
- Have a valid driver's license or other photo I.D. and identification showing your present address.
- You must have the consent and knowledge of all the adults living in the household.
- Be able to verify that pets are allowed where you live if renting or otherwise not the property owner. Proof of pet deposit if required. Confirmation of home ownership will be verified prior to approving the application.
- Your current pets must have current vaccinations, be free of contagious illnesses and be spayed or neutered.
- Be able and willing to spend the time and money (estimated annual expenses may exceed \$1,200) necessary to provide the proper care for a pet, including but not limited to, food, shelter, veterinary care, grooming, training & recreational toys for the lifetime of the pet you adopt. You must be physically, financially and emotionally able to care for this animal. Including the resources to make a nonrefundable donation of \$150.
- Realize there is **NO PERFECT** pet, just like there is no perfect human. A new pet will take a great deal of love, patience, commitment, time, and understanding. Give this plenty of thought. If you do not truly believe you can devote the time and patience to see it through - forever - please do not make an irrational decision. Your happiness, the happiness (and possibly the life) of this pet are dependent upon it.

Muttley Crew is committed to enriching the lives of our animal friends who may be without shelter, food, care or love, regardless of age, natural beauty or condition, and to find them permanent homes. Our animals are living beings entrusted to our care. It is our responsibility to find the best possible homes for them and to meet the individual needs of each animal.

For this reason, we reserve the right to approve or deny any adoption as we see fit.

GENERAL INFORMATION

Name:				Spouse or Partner's Name:				
Home Address:					Apt. #:			
City:			State:			Zip:		
Phone# Home:			Work:			Cell:		
Date of Birth:			Age:			DL#:		
Email address(s):								
Employer:			Occupation:			Length of employment:		
Spouse/Partner DL#:			Date of Birth:			Email address:		
Name and Phone # of nearest relative not living with you:								
Have you ever adopted from us before?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, What/Who/When?			
Did you come here today planning to adopt a pet?				<input type="checkbox"/> Yes <input type="checkbox"/> No				
If "NO", what made you decide to adopt a pet today?								

PEOPLE INFORMATION

Please tell us about your home:		<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Mobile Home		I/We:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		
If you rent, please provide name and phone # of landlord:							
Are pets allowed where you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a pet deposit required where you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much?			<input type="checkbox"/> Per pet <input type="checkbox"/> Per household
Has the deposit been paid, and are you prepared to show proof of payment, or will you consent to a Muttley Crew representative contacting your landlord to verify payment has been made?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a weight / size limit on pets?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what is the limit?			
Is there a breed restriction on the type of pet?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what?			
How long have you lived at your current address?			Do you have plans to move?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, When?	Where?	
Have you ever moved while you owned a pet?		<input type="checkbox"/> Yes <input type="checkbox"/> No		What happened to it?			
Are all family members aware and in agreement about getting a new pet?				<input type="checkbox"/> Yes <input type="checkbox"/> No			

How many adults (over 18) live in the household?		How many children?		How many pets?	
What are the ages of the children living/visiting in the household?					
Will you be having children with whom this pet must get along with in the next 10 - 15 years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
List names, ages, and sex of regular visitors (human and animal) with whom this pet must get along with:					
How often do they visit?					
Does anyone in the home have any known allergies (other than food)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who and to what?			
Why have you chosen this pet?	<input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> For Children <input type="checkbox"/> Guard Dog <input type="checkbox"/> As an Additional Pet <input type="checkbox"/> Hunting Dog <input type="checkbox"/> Other (explain)				
Who will be the primary caregiver/pooper scooper/exerciser for this pet?					
We can not guarantee our pets are housebroken. Housebroken behavior exhibited in the foster home may be different than when in another environment based on schedule, feeding, and watering routine.					
Should the need arise, are you willing to housebreak this pet?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever housetrained dogs before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How?			
How do you plan to housetrain your pet?	<input type="checkbox"/> Litter box	<input type="checkbox"/> Crate	<input type="checkbox"/> Paper	<input type="checkbox"/> Outside	
How long do you expect housetraining to take?					
Are you familiar with crate-training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used a crate with the dogs you have owned?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever completed an obedience class with your previously or currently owned dogs?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to obedience train this dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Yourself <input type="checkbox"/> Professional Trainer <input type="checkbox"/> Training "Camp" <input type="checkbox"/> Other		
Who will take care of this dog when you travel?				Do you travel frequently?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, do you attend school:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Who will take care of this dog if something happens to you?					

ENVIRONMENT INFORMATION

Where will this pet be kept most of the time?		<input type="checkbox"/> Totally Inside(out to potty only)		<input type="checkbox"/> Mostly Inside		<input type="checkbox"/> Mostly Outside			
		<input type="checkbox"/> Totally Outside							
Does your home have a:		<input type="checkbox"/> Pool		<input type="checkbox"/> Doggy Door		<input type="checkbox"/> Fenced Yard			
Type of Fence:	<input type="checkbox"/> Wood <input type="checkbox"/> Chain Link <input type="checkbox"/> Other			Height:					
Condition of fence:		Any gaps/holes/missing or broken boards?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Size of Yard:		
Are there shade trees/shelter from elements?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If an outside dog, do have a dog run/dog house?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
As an adult, have any of the applicants had/have a mostly or totally outside dog/cat?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Who?			
Which of the following pieces of equipment do you plan to use for your pet?		<input type="checkbox"/> Collar <input type="checkbox"/> ID Tags <input type="checkbox"/> ID Tattoo <input type="checkbox"/> Microchip ID <input type="checkbox"/> Crate <input type="checkbox"/> Dog Run <input type="checkbox"/> Dog house <input type="checkbox"/> Kennel <input type="checkbox"/> Electric fence <input type="checkbox"/> Tree trolley <input type="checkbox"/> Ground tie-out <input type="checkbox"/> Chain <input type="checkbox"/> Doggy door <input type="checkbox"/> Dog bed <input type="checkbox"/> Bark collar <input type="checkbox"/> Halti lead /Gentle Leader <input type="checkbox"/> Flex lead <input type="checkbox"/> Leash <input type="checkbox"/> Harness <input type="checkbox"/> Baby gate <input type="checkbox"/> Pinch Collar <input type="checkbox"/> Choke chain <input type="checkbox"/> Muzzle <input type="checkbox"/> Other (specify)							
If you do not have a securely fenced yard, tell us what measures you will take to ensure that the pet will not run off, get hit by a car, be attacked by a stray or wild animal, irritate your neighbors, or otherwise be a problem:									
Do you agree to take your pet to the veterinarian for regular check-ups, routine vaccinations?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you familiar with heartworm preventative medication?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Will you keep your pet on heartworm preventative?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is your current veterinarian? (Name, clinic name, city)									
Phone number:		How long have you used this veterinarian?							
Who was your previous veterinarian?				Phone number:		How long there?			
May we contact your past and present veterinarian(s) for the purpose of obtaining a reference for the care provided to your animals?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
When / Why was your last veterinarian visit?									
Is it important to you that your pet be spayed or neutered?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
As an adult, have any family members in your household ever had an animal that gave birth?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Who?			
If yes, how many litters did the animal(s) have?		Dog:		Cat:		How long ago?			
What did you do with the offspring?									
What do you consider a valid reason(s) for giving up a pet?									
Have any adults in your household ever not kept a pet(s) for the life of the pet(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		When, why, and to whom?					

If you have no current or past pet history, please provide us with three personal references

Preferably these should be people who know you and your lifestyle, have been in your home, and have seen your interaction with animals.

Name		Phone number	
Relationship		Known how long?	
Name		Phone number	
Relationship		Known how long?	
Name		Phone number	
Relationship		Known how long?	
May we have permission to contact these individuals for the purpose of obtaining references for the adoption of the dog for which you are applying?			<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PET INFORMATION - Complete for all adults in the household.

Description of Current Pets Currently own or are providing care for (fostering, babysitting, etc)

Pet# 1			
Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed:	Age:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you been this pet's guardian?			
On Heartworm Preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?	Where HW purchased?
Where did you acquire this pet?		Obedience trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where does this pet spend the daytime hours?		Evening Hours?	
Where does this pet sleep?		% of time spent outdoors:	
Pet# 2			
Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed:	Age:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you been this pet's guardian?			
On Heartworm Preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?	Where purchased?
Where did you acquire this pet?		Obedience trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where does this pet spend the daytime hours?		Evening Hours?	
Where does this pet sleep?		% of time spent outdoors:	
Pet# 3			
Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed:	Age:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you been this pet's guardian?			
On Heartworm Preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?	Where purchased?
Where did you acquire this pet?		Obedience trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where does this pet spend the daytime hours?		Evening Hours?	
Where does this pet sleep?		% of time spent outdoors:	

Description of Past Pets (prior 10 years)

No longer own or are no longer providing care for (do not include pets you had as a child living in your parents household unless the pets went with you when you moved out on your own)

Pet# 1			
Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed:	Age:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long were you this pet's guardian?			
On Heartworm Preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?	Where purchased?
Where did you acquire this pet?		Obedience trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where did this pet spend the daytime hours?		Evening Hours?	
Where did this pet sleep?		% of time spent outdoors	
Why do you no longer have this pet?			
Pet# 2			
Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed:	Age:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long were you this pet's guardian?			
On Heartworm Preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?	Where purchased?
Where did you acquire this pet?		Obedience trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where did this pet spend the daytime hours?		Evening Hours?	
Where did this pet sleep?		% of time spent outdoors	
Why do you no longer have this pet?			

PLEASE COMPLETE REGARDING PET PREFERENCES

Please choose the age / size you are interested in:		<input type="checkbox"/> Adult Dog	<input type="checkbox"/> Puppy	<input type="checkbox"/> Under 15#	<input type="checkbox"/> 15-25#	<input type="checkbox"/> 25-50#	<input type="checkbox"/> 50-80#	<input type="checkbox"/> over 80#
Preferences (Breed, hair length, good with children/ other dogs/cats/other pets, housebroken, etc:								
If interested in a puppy, how large do you think he/she will get?			If this puppy grows larger than you expect, what will you do?					
Do you plan any physical alterations?		<input type="checkbox"/> Ear Cropping <input type="checkbox"/> Tail Docking <input type="checkbox"/> Other (explain)						
Do you prefer a:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference					Age range?	
Is this dog a gift for someone else?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who? Please explain:				
Is someone home during the day?		<input type="checkbox"/> Yes <input type="checkbox"/> No		How many hours per day will the dog be home without supervision?		Work days		Non-Work days
Where will this dog spend daytime hours?		Evening hours?		Where will this dog sleep at night?				
Where will this dog be during bad weather?		What do you consider bad weather?						
The noise/activity in my home is usually:		<input type="checkbox"/> Low		<input type="checkbox"/> Medium		<input type="checkbox"/> High		
Please describe the temperament you are looking for in a dog:								
I prefer a dog whose indoor energy level is:		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		Outdoor energy level:		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
When it comes to dogs, I tend to be more:		<input type="checkbox"/> Strict, demanding, a leader (the dog must sit for treat) even without performing the sit) <input type="checkbox"/> Lenient, easily coerced by the dog (they look cute, so they get a cookie) <input type="checkbox"/> Other (explain)						
When it comes to keeping a clean and tidy house I am:		<input type="checkbox"/> Very particular <input type="checkbox"/> Particular <input type="checkbox"/> Easy-going						
When it comes to a dog lying/sleeping on the bed or furniture I:		<input type="checkbox"/> Would allow <input type="checkbox"/> Would not allow <input type="checkbox"/> Don't care						
I would enjoy taking my dog in the car:		<input type="checkbox"/> Daily <input type="checkbox"/> Frequently <input type="checkbox"/> Once in a while <input type="checkbox"/> Never						
I would enjoy brushing/grooming my dog:		<input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
I would like my dog to participate in the following hobbies or activities with me:								
I prefer a dog that will:		<input type="checkbox"/> Enjoy regular walking on leash <input type="checkbox"/> Exercising at a dog park <input type="checkbox"/> Run, jog, or hike with me <input type="checkbox"/> Exercise in my yard <input type="checkbox"/> Require only enough exercise to do their "business"						
We will attempt to provide you with an honest evaluation of temperament on any animal we have. Do you realize that often times the complete history of an animal may not be known and you may encounter some behavioral problems, such as, but not limited to barking, digging and chewing?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If this dog develops behavior problems, what measures will you take?								
How long do you expect the dog's adjustment to a new home and family to take?								
How will you help make this adjustment easier?								
How do you plan to introduce the new pet to the other animals?								
If you lost your job/move/have a baby what would you do with this pet?								
My ideal dog would:								
Bad dog habits that I just can't tolerate are:								
Is there anything else you would like us to know that would help us with finding your perfect match?								

RELEASE

I relieve Muttley Crew of any liability and responsibility for damage or injury, to persons, property or other animals caused directly or indirectly by the dog. I understand Muttley Crew generally does not know the nature, disposition, or health of the animals, and that they give no warranty, expressed or implied as to any of the above.

By submission of this application, I assert that all statements and answers given on this application are the complete truth. I give permission for a MCOAA representative to verify that the information is true and correct. If any of the information changes, I will advise MCOAA promptly. Any misrepresentation of the truth in this application will invalidate any subsequent adoption agreement and will give MCOAA right to reclaim the adopted pet, without refund, and the pet must be surrendered to a Muttley Crew representative upon demand. I agree to abide by the Muttley Crew contract and return the pet if I cannot keep it and to notify Muttley Crew immediately if the pet is lost or dies.

I agree to allow a representative of Muttley Crew to inspect the home environment and yard, and if any violations of the contract are in evidence, I agree to allow the agent of Muttley Crew to remove the animal from the premises occupied by me, and entry shall not constitute a trespass.

Signed _____ Date _____ Signed _____ Date _____

FOR OFFICE USE ONLY

Name on phone listing		Listed		Unlisted	
Please Initial	Phone Check	Home/Landlord Check	Vet Check		Reference checks
	Counselor/Coordinator Approval		Foster Approval		Director/Coordinator Approval
Full Name	Age	Sex	Other		
Recommendations					
Comments					