



## Adoption Application

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Instructions: Please fill-out all questions, if they do not apply to you put "N/A".

### Dog Request information

Did you see this dog on  
Petfinder? Yes ☐ No ☐

Did you see this dog on  
Adopt-A-Pet? Yes ☐ No ☐

If not above, where?

Name of dog interested in?

Gender Preference? Male ☐ Female ☐

Age Preference?

Color Preference?

Undesirable traits?

### Your Information

Applicant's Name:

Address:

City, State:

Zip:

Home Phone:

Call at work? Yes ☐ No ☐

Work Phone:

Mobile Phone:

Email Address:

Occupation: Do you work outside the home? Yes ☐ No ☐Hours away from home? Applicant's Age: **Your Family**Married or Significant Other Yes ☐ No ☐Spouse or Other agree to Adoption Yes ☐ No ☐Children? Yes ☐ No ☐How many Children? Ages of Children? Children Visit? Yes ☐ No ☐Plan to have Children? Yes ☐ No ☐Others living in Household? Yes ☐ No ☐

If "Yes" Age, Relationship, etc.

**Your Home**Dwelling Status: ☐ Own ☐ RentType of Home? Landlord Permission for pets? Yes ☐ No ☐

Landlord Name and Phone Number?

Is there a Fence Yard? Yes ☐ No ☐

Type of Fence?

Fence height?

Have a Pool? Yes ☐ No ☐Pool Fenced? Yes ☐ No ☐**Pet Care**

Will the dog be kept on leash if not in fenced area?

Yes ☐ No ☒

If no, explain how often dog would be off leash.

How do you handle retraining?

Hours dog will be home alone?

Where is the dog when you are *not* home?

Where is the dog when you *are* home?

Allowed on furniture?

Yes ☐ No ☒

Hours spent with your dog?

Vet Reference? (Please include Vet Name, Clinic Name, Phone Number, Pet Name)

If you do not currently have, or have never had a vet, please provide THREE (3) References

NOT RELATED TO YOU: (Include Name, Phone, Relationship)

Adequate Funds for Medical Expenses?

Yes ☐ No ☐

How will you handle chronic illness?

Other pets owned, and are they altered?

Are your pet's current on all vaccinations?

Yes ☐ No ☐

Are your pets on Heartworm Preventative?

Yes ☐ No ☐

Are your pets on Flea Treatment?

Yes ☐ No ☐

Have you ever given away, sold, surrendered, euthanized or "gotten rid" of a pet?

Yes ☐ No ☐

If Yes, Explain:

Arrangements for pets when out of town?

Why you are interested in a Rescue Dog?

Additional comments you would like to make to help us better evaluate your application for adoption?

**PLEASE READ**

**Schnauzer Rescue Cincinnati will attempt to provide you with an honest evaluation of temperament and medical history known to us on any dog we have looking for a home.**

**Do you understand, that often times the complete history of a rescue dog may NOT be known, and you may encounter some behavioral and / or medical problems not previously known to us?**

*I have read and understand the above statements.* Yes ☐ No ☐

After completing the form, "Save", and email the saved version to [srcadoption@gmail.com](mailto:srcadoption@gmail.com)

You may also print out the completed form and return by regular mail to:

Amy Figgins

Schnauzer Rescue Cincinnati

1930 King Richard Parkway

Miamisburg, Ohio 45342