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|---|--|---|--|
| Date: | | Do you know or have you talked to Mid-City Mutt Mamas Rescue? | |
| What pet are you interested in adopting? PET'S NAME: | | | |
| Name(s) of Adopter(s): | | Phone: | |
| Address: | | | |
| E-mail: | | Own Home or Rent: | |
| If renting, please provide the phone number of your landlord so that we can verify that pets are welcome. | | | |
| Landlord Name: | | Landlord Number: | |
| Employer: | | | |
| What do you anticipate you will spend on your pet annually? | | | |
| If you pet developed a condition requiring medication, what would you be willing to spend the money? | | | |

PETS I/WE HAVE OWNED:

| Breed | Name | Sex/Age | Spayed/Neutered (if not, why?) |
|---|------|---------|--------------------------------|
| | | | |
| | | | |
| What happened to your last dog/cat? | | | |
| Have you ever turned in a pet to a shelter? Yes/No If yes, why? | | | |
| Do you currently have dogs/cats? | | | |
| Please list all animals in your care and their ages and special needs: | | | |
| What veterinarian do you use? | | | |
| Address of veterinarian? | | Phone: | |
| Why do you want to adopt this dog/cat? | | | |
| Who will have Ownership/Responsibility of care for this dog and what is the relationship to the applicant? | | | |
| Who lives in your household?(human occupants and ages) | | | |
| Will the dog/cat be kept primarily indoors or outdoors? | | | |
| Fenced yard (what type, height)? | | | |
| Will your pet travel with you on trips and if not where will the dog stay? | | | |
| If you have to leave your home in an emergency (such as hurricane) where will your pet stay? | | | |
| How will you care for the dog's/cat's coat and trim its nails? Is shedding a problem? | | | |
| How long will your pet be alone (without a human)? | | | |
| Are you familiar with the use of crates? | | | |
| We require a home check. Please initial on this line showing that you understand this requirement and agree to it and that you also agree to reasonable follow-up calls to ensure that the animal is adjusting. INITIAL: | | | |
| Provide a personal reference who can attest to your interest, interaction, feelings about animals in general and dogs in particular: | | | |
| Name: | | Phone: | |

I UNDERSTAND THERE IS A NONREFUNDABLE MONETARY DONATION REQUIRED AT TIME OF ADOPTION

write in Yes or No and initial:

I understand and agree that if I am, at any time in the future, unable to care for my adopted pet, that pet is to be returned to the person or persons from whom it was obtained. In the event that that is impossible, the pet MUST be returned to Mid-City Mutt Mama Rescue. The pet may not be abandoned, given or sold to anyone else, or turned over to any shelter, pound, humane society or similar organization. Please initial to indicate your acknowledgement and agreement with this clause.

By signing below, I certify the information provided by me is true to the best of my knowledge and I recognize that any misrepresentation of that information will result in my losing the privilege of adopting a rescue pet. I understand that Mid-City Mutt Mamas Rescue has the right to deny my request to adopt an animal, and I authorize checking of all information provided in this application.

Signature:

Date:

Please attach this application to an email and send to:

midcitymutt@gmail.com