



**MYSTERY DOG RESCUE**  
**PO Box 6286, San Antonio, TX 78209**  
**(210) 551-8262**

**ADOPTION APPLICATION**

Thank you for considering the adoption of a shelter animal! Before you decide to adopt a pet, please consider the time, effort and funds (food, supplies, vaccinations, and veterinary care) necessary to properly maintain an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal. The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application.

**ANIMAL APPLYING FOR:** \_\_\_\_\_ **■ DOG** **Date:** \_\_\_\_\_

Why do you want to adopt a pet? (Check all that apply)

<input type="checkbox"/> House pet	<input type="checkbox"/> Companion for yourself	<input type="checkbox"/> Companion for other pet	<input type="checkbox"/> Gift (for who?) _____
<input type="checkbox"/> Indoor pet	<input type="checkbox"/> Outdoor pet	<input type="checkbox"/> For place of business	<input type="checkbox"/> Couch/lap warmer
<input type="checkbox"/> Agility	<input type="checkbox"/> Working/hunting dog	<input type="checkbox"/> Jogging/walking buddy	<input type="checkbox"/> Other _____

**PLEASE PRINT LEGIBLY**

Name of adopter:		
Drivers License #:		Date of Birth:
Home address:		Unit #:
City:	State:	Zip:
Home phone:	Cell phone:	
Work phone:	Email:	

**HOUSEHOLD INFORMATION:**

Do you live in: <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other _____		
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Live with parents <input type="checkbox"/> Military Housing <input type="checkbox"/> Other		
Are you Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Apartment or Landlord's Name:		Phone #:
How long have you lived at your current address? _____ Are you planning to move within the next 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of housing will you be moving to? _____		
Ages of children in home: _____		Do grandchildren visit often? <input type="checkbox"/> Yes <input type="checkbox"/> No
The noise/activity level in my home is usually: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Does anyone in your household have any allergies to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how high is your fence? _____ Type of fence? _____		
Will you use a leash when you have your puppy/dog outside? (not in your backyard) <input type="checkbox"/> Yes <input type="checkbox"/> No		
My new puppy/dog shall live:		
<input type="checkbox"/> Inside only, let out to eliminate and play.	<input type="checkbox"/> Inside during the day, outside at night	
<input type="checkbox"/> Inside or outside as my pet desires	<input type="checkbox"/> Outside during the day, inside at night	
<input type="checkbox"/> Outside and in the garage only	<input type="checkbox"/> Outside only	<input type="checkbox"/> Other: _____

(OVER)

How will you keep your new puppy/dog confined to your property? (Check all that apply)

In the house     Garage     Loose in yard     Loose in fenced yard     Laundry room     Kennel  
 Screened porch/patio     Tied on cable – Run     Tied with rope/chain     Other: \_\_\_\_\_

What percent of the time will your new puppy/dog be inside? \_\_\_\_\_ Outside? \_\_\_\_\_

Where will your new puppy/dog sleep when you take him/her home?	Where will your new pet sleep when it gets older?
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If spending most of its time outdoors, what kind of protection will your new pet have from the weather?

How do you plan to housebreak your new puppy/dog?

How will you correct your new puppy/dog if he/she shows any destructive behavior?

If this puppy/dog develops behavior problems, what will you do?

If this puppy/dog gets larger than expected, what will you do?

**ANIMAL CARE INFORMATION:**

Who will be primarily responsible for the care of your new pet?

How many hours per day will your pet be without human contact?

Where will the pet be kept when no one is home?

Where will this pet sleep at night?

Under what circumstances would you **not** keep this pet?

If for any reason you could no longer care for this pet, what would you do with him/her?

Do you know about heartworms? Are your current dogs currently on heartworm prevention?

HAVE YOU EVER OWNED A PET BEFORE?  Yes     No

If yes, please list below current and any other pets YOU have owned:

Cat or Dog	Breed of Pet	Age	M / F	Spayed / Neutered	What happened to him or her?	Current on Vaccinations?	Indoors or Outdoors
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Where did you last have your pet vaccinated?

Veterinarian's phone:	When was your pet's last visit to the vet's office?
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I certify that all statements and answers to the questions on this application are true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Mystery Dog Rescue.

Signature:	Date:
Reviewed By:	Date: