



# MSCSC RESCUE APPLICATION FORM

PLEASE PRINT CLEARLY



Today's Date: \_\_\_\_\_

### You & Your Family

Your Name: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, number and ages: \_\_\_\_\_

### Pet(s) You Wish To Adopt

Name(s): \_\_\_\_\_

Put me on the waiting list for available rescue dogs: Yes \_\_\_\_\_ No \_\_\_\_\_

Preferences (sex, age, activity level): \_\_\_\_\_

Who is the pet for? \_\_\_\_\_

Are you looking for an inside pet or an outside pet? \_\_\_\_\_

### Your Home

Do you live in a single family residence? \_\_\_\_\_ Apartment? \_\_\_\_\_ Town house? \_\_\_\_\_

Do you rent? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, do you have your landlord's permission to have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any weight restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the restrictions? \_\_\_\_\_

May we contact your landlord to verify? Yes \_\_\_\_\_ No \_\_\_\_\_

Landlord's name? \_\_\_\_\_

Landlord's phone number? \_\_\_\_\_

Is your yard fenced? Yes \_\_\_\_\_ No \_\_\_\_\_

How high is the fencing? \_\_\_\_\_

What type of fencing? \_\_\_\_\_

Are the gates secure and locked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a pool? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the pool securely fenced off from the yard? Yes \_\_\_\_\_ No \_\_\_\_\_

**Living With a Pet**

Where will the pet stay during the day? \_\_\_\_\_

Where will the pet stay at night? \_\_\_\_\_

How many hours and where will the pet be exercised? \_\_\_\_\_

How many hours and where will the pet be left at home alone? \_\_\_\_\_

**Other Pets**

Do you have other pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe your other pets?

\_\_\_\_\_  
\_\_\_\_\_

Are your current pets neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever surrendered a pet in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If so why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What happened to your prior pets? \_\_\_\_\_

**Professional Help**

Do you currently have a veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, who is it? \_\_\_\_\_

Would you be willing to call in a trainer if a problem developed that you were unable to handle on your own? Yes \_\_\_\_\_ No \_\_\_\_\_

Who will take care of the dog when you travel (if you do not travel with your pet)? \_\_\_\_\_

What would cause you to give up your pet and what would you then do with him/her? \_\_\_\_\_

Other information you deem pertinent to your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Initials/Signature: \_\_\_\_\_

**By submitting this application, I represent that the above information I have provided is accurate, and I agree to allow your rescuers to verify this information.**

**I understand that you reserve the right to refuse adoption to any applicant.  
This application will become part of the adoption contract.**