

Send completed applications to:  
Michigan Standard Poodle Rescue  
P.O. Box 1882  
Bay City, MI 48707  
bmw4now@aol.com



## ADOPTION APPLICATION

### ABOUT YOU :

Your full name: \_\_\_\_\_ Age: \_\_\_\_\_  
Spouse or partner's name: \_\_\_\_\_ Age: \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Your place of employment: \_\_\_\_\_  
Your spouse's place of employment: \_\_\_\_\_  
Do either of your jobs require travel?  Yes  No

### ABOUT YOUR HOME:

Please complete this section for the household in which your dog will reside.

- Type of residence  
House  Condo/Townhouse  Trailer Home  Dormitory  Apartment  Other: \_\_\_\_\_
- If you are a renter or live in a condo, does your landlord/association allow dogs?  Yes  No  
Name of Landlord or Condo Association: \_\_\_\_\_  
Phone number: \_\_\_\_\_
- How long have you lived at this address: \_\_\_\_\_
  - Any any plans to move in the next few years?  Yes  No
  - How many times have you moved in the past five years? \_\_\_\_\_
  - What would you do if you moved to a residence where dogs are not permitted?  
\_\_\_\_\_  
\_\_\_\_\_

- Describe your yard:  No yard  Unfenced yard  Partially fenced yard  Completely fenced yard
  - Height of fence \_\_\_\_\_
  - Made of:  Wood  Chain Link  Brick  Other
- If you do not have a fence, do you agree to keep your dog on a leash at all times outside?  Yes  No

**ABOUT YOUR FAMILY:**

- 1. How many adults live in this household? \_\_\_\_\_
  - 1a. How many children live in this household? \_\_\_\_\_
  - 1b. Ages of children in this in household? \_\_\_\_\_
  - 1c. Number of children who visit? \_\_\_\_\_
  - 1d. Ages of children who visit? \_\_\_\_\_
- 2. Are all members of your household in agreement about adopting a dog?  Yes  No
  - 2a. If no, who and why? \_\_\_\_\_
- 2b. Is anyone in your home nervous or unsure around dogs?  Yes  No
- 3. For whom would you be adopting this dog? \_\_\_\_\_
- 4. Who will be the primary caregiver for this animal? \_\_\_\_\_
  - 4a. Who will be financially responsible for the animal? \_\_\_\_\_
- 5. Are you willing to have all members of your household come to meet the animal(s) in which you are interested?  Yes  No
- 6. Do any members of your household have asthma, or have allergies to dogs?  Yes  No
  - If yes, who? \_\_\_\_\_
- 7. For how many hours would the dog be alone during the day? \_\_\_\_\_  
(please consider what time you leave for work and what time you return home)

**ABOUT YOUR PET(S):**

Name	Species/Breed	Spayed/Neutered	Age	Gender	Owned How Long?	Vaccines?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	Yes No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	Yes No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	Yes No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	Yes No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	Yes No

- 1. If you have a cat, does it get along with other dogs?  Yes  No
- 2. If you have a cat, is it declawed?  Yes  No
- 3. If you have a dog, does it get along with other dogs?  Yes  No
- 4. What veterinary hospital do your animals go to? \_\_\_\_\_
- 5. Are you experiencing any difficulties with your current pets in terms of health or behavior?  Yes  No
  - If yes, please describe: \_\_\_\_\_

**PET HISTORY:**

- 1. Have all of your family members been around dogs?  Yes  No
- 2. Have you had the experience of being primary caregiver to a dog?  Yes  No
- 3. Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it?  Yes  No
- 4. Have you ever had a pet for a short period of time and it didn't work out?  Yes  No
- 5. Have you ever had to retrieve your animal from a pound, shelter or animal control facility?  Yes  No
- 6. Have you had a dog that gave birth?  Yes  No

Pets owned over the past 10 years:

Name	Species/Breed	Spayed/Neutered	Owned How Long?	What Happened To Pet?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

### PLANS FOR YOUR NEW PET:

1. Will the dog live:  Indoors  Outdoors  Either Indoors or Outdoors  Not Sure
2. Where will the dog be when nobody is home?  Indoors  Outdoors  Either Indoors or Outdoors
3. Where will the dog be when all have left the house? \_\_\_\_\_
4. Longest amount of time the dog will be left alone at any given time? \_\_\_\_\_
5. Where will the dog sleep? \_\_\_\_\_
6. How often and where will you exercise the dog? \_\_\_\_\_
7. What veterinary practice do you plan to use? Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
8. If you adopt an animal who has not been spayed or neutered do you:  
Intend to have it spayed/neutered  Intend to let it have puppies  Not Sure
9. Are you aware that some dogs require a period of weeks or even months to adjust to their new home/environment/family/other pets?  Yes  No
10. Are you willing to allow for this adjustment period?  Yes  No
11. Are you willing to bring your pet to a veterinarian for yearly exams, and for vaccinations per your veterinarian's recommendations?  Yes  No
12. Are you able/willing to pay for emergency care, which could result in a bill of \$200 to \$1,000 or more?  
 Yes  No
13. Are you able/willing to pay for pet expenses including veterinary care, supplies, toys, boarding/pet sitting, grooming, food, etc.?  Yes  No
14. Are you able to commit to providing a home for a dog for the life of the dog?  Yes  No
15. What circumstances might justify giving up a dog? (check all that apply)  
 Baby  Moving  Shedding  Want to travel  None  Other \_\_\_\_\_
16. If your dog exhibits behavioral or adjustment issues, would you be willing to seek the advice of a MSPR representative?  Yes  No
17. Would you be willing to pay for obedience or behavioral sessions?  Yes  No
18. When away or when traveling over night who cares for your pets? \_\_\_\_\_
19. What type of food & treats do you feed your dog? \_\_\_\_\_

### PREFERENCES:

1. I prefer a dog that is:  Small  Medium  Large  Any size  
1a. With energy level:  High  Medium  Low
2. Reasons for adopting:  Companionship  Watch dog  Other
3. I prefer a dog who is (check all that apply):  
 Senior  Puppy  Very active/energetic  
 Male  Female  Hypoallergenic  
 Indoor only  Indoor/outdoor  Mainly an outdoor dog  
 Mellow/quiet  Lap dog  Likely to be housetrained

4. When it comes to relating to dogs, I consider myself:
- Strict, demanding, a strong leader (dog must sit for a cookie and follow my rules)
  - Lenient, a little wishy washy, easily coerced by the dog (the dog looks cute so he gets a treat without sitting, can jump on the couch uninvited)
  - Somewhere in between
5. My ideal dog would: \_\_\_\_\_
6. Bad doggie habits I cannot tolerate: \_\_\_\_\_
7. Please share with us anything you would like for us to know about the new dog that you would like to add to your family: \_\_\_\_\_
8. Do you have any experience with dogs rescued from puppy mills?  Yes  No
- 8a. If yes, please explain \_\_\_\_\_
9. We deal primarily with Standard Poodles, do you have experience with this breed?  Yes  No
- 9a. If yes, please explain \_\_\_\_\_
10. Would you be willing to have an in-home visit by a MSPR representative both before and after you have adopted from us?  Yes  No

Please provide three personal references:

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please sign and date: \_\_\_\_\_

Please Provide any additional info that relates to adopting a poodle that may be notable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THANK YOU  
MSPR