

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?

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- 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