



MaxFund Animal Adoption Center

Adoption Application

So that we may be assured that the dog or cat that you wish to adopt is best suited to you, your home, your lifestyle, and is placed in an environment that is compatible with his/her needs, we ask that you complete this application.

Adoption Checklist

Please initial the following as they apply to you:

- Have your landlord's permission to bring an animal onto his/her property.
- Be at least 18 years of age and have verifiable identification.
- Have the consent of all adults in your household.
- Complete this application and discuss it with an Adoption Coordinator.
- Understand that this is an adoption, not a sale. **MAAC reserves the right to postpone or refuse an adoption.**

Before You Adopt...

Please initial the following as they apply to you:

- Be sure that you are financially able to provide for the animal's needs. This includes food, supplies, licenses, and veterinary care.
- Be certain that you have adequate time to spend with your new pet, including time for training, exercise, and grooming.

APPLICATION RECEIVED BY:

Employee: _____

Date: _____ Time: _____

Animal's Name: _____

Dog: _____ Cat: _____

Applicant's Name: _____

Notes: _____

Hopes & Expectations

Please check any of the following reasons for adopting this pet:

- Family Pet
- Child's Pet
- Watchdog
- Companion
- Hunting Dog
- Guard Dog for Business
- Barn Cat/Mouser
- Companion for Other Pet
- Other

If other, please explain: _____

Do you have a certain type of dog or cat in mind? If yes, please describe: _____

What personality traits are you looking for in your companion animal? _____

Will an adult be at home during the day? ___ Yes ___ No ___ Part-Time

Who will be responsible for taking care of your pet? _____

Where will the animal sleep at night? _____

What behavior problems have you experienced with pets in the past, and how did you resolve them? _____

Have you ever adopted a pet from MaxFund? ___ Yes ___ No

If yes, where is that pet now? _____

If considering a dog, do you have a fence? If so, what type of fence is it and what is its height? _____

Would you object to an authorized representative of the MAAC inspecting the animal and premises where the animal is being kept? ___ Yes ___ No

If you must move, what would you do with this animal? _____

Have you ever relinquished a pet to a shelter? If yes, why? _____

What kind of enclosure would you provide for your pet? _____

Under what circumstances would you consider giving up your pet? **Circle all that apply:**

- Having a baby, does not like family member(s), divorce, moving, does not like another pet, destroying furniture, behavior problems, children losing interest, not enough time to care for, shedding fur, training/housebreaking, medical concerns, other

If other, please explain: _____

Would you consider counseling or training before relinquishing? ___ YES ___ NO ___ UNSURE

Do you foresee any life changing events happening within the next couple of years that would result in the animal being returned? If so, what? _____

Applying for a dog or puppy?
Please complete the following:

DOGS & PUPPIES

During the day, how long will the dog be without human companionship? _____

Where will you keep the dog during the day (i.e., indoors, indoor & outdoor access, at work, outdoors, etc.): _____

Mark your ability to exercise a dog:

- Minimal exercise during the week, but lots of exercise on the weekends.
- A dog would run 5 miles a day with me.
- A long morning and evening walk.
- Three 15-minute walks a day.
- It varies. Please explain: _____



Applying for a cat or kitten? Please complete the following:

CATS & KITTENS

*MaxFund **DOES NOT** allow cats to be outside cats. Cats are known for their long daytime naps; however, they still need exercise. How will you provide this? _____

Scratching is typical cat/kitten behavior. How will you handle this? _____

Cats lick their fur to clean themselves; **this produces cat dander to which many people are allergic.** Have you or anyone in your household ever experienced an allergic reaction to a cat?

___ YES ___ NO ___ UNSURE

Where will your cat live?

___ INDOORS ___ OUTDOORS ___ BOTH

List the ages of children in your home or who visit on a regular basis. _____



Companion Profile

Incomplete applications cannot be processed.

I am interested in adopting a... DOG CAT PUPPY KITTEN

Household Information

Name: _____

Email Address: _____

Driver's License #: _____ Other Identification: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____

Housing: Own Rent Live w/ Guardian(s)

Housing Type: House Condo Apartment Mobile Home

Landlord's Name (if applicable): _____

Landlord's Phone #: _____ Landlord's Email Address: _____

Length of time at this address: _____

Other individuals living in household (include ages of children): _____

Personal References (cannot be a relative – please list at least two)

Name: _____

Email Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____

Name: _____

Email Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____

Name: _____

Email Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____

Pet History (Present)

Please list all animals you currently own below.

Animal's Name: _____
 Species: _____
 Age: _____ Sex: _____
 Spayed/Neutered: YES NO
 Kept: Indoors Outdoors Both
 How long have you had this animal? _____
 Current Vaccinations: _____

 Other: _____

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 Species: _____
 Age: _____ Sex: _____
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 Species: _____
 Age: _____ Sex: _____
 Spayed/Neutered: YES NO
 Kept: Indoors Outdoors Both
 How long have you had this animal? _____
 Current Vaccinations: _____

 Other: _____

Pet History (Past)

Please list all animals you have owned in the past below.

Animal's Name: _____
 Species: _____
 Age: _____ Sex: _____
 Spayed/Neutered: YES NO
 Kept: Indoors Outdoors Both
 How long did this animal live with you? _____
 Current Vaccinations: _____

 Other: _____

Animal's Name: _____
 Species: _____
 Age: _____ Sex: _____
 Spayed/Neutered: YES NO
 Kept: Indoors Outdoors Both
 How long did this animal live with you? _____
 Current Vaccinations: _____

 Other: _____

What is your experience with dogs? First-time owner Have owned 1 or 2 Knowledgeable & Experienced Other: _____

What is your experience with cats? First-time owner Have owned 1 or 2 Knowledgeable & Experienced Other: _____

Please rate your household activity level: Busy & Active Quiet & Calm Somewhere In-between

MaxFund Animal Adoption Center is a nonprofit organization established to provide medical care for injured pets with no known owners and to find new homes for these animals once they have recovered.

Adoption Follow-Up

As part of our commitment to having each adoption be a success, we will be keeping in touch with you. Please indicate the best time and place to reach you.

Time: _____ Phone: (_____) _____

Email: _____

Preferred method of contact: Email Phone Either

Please Read and Sign

I hereby release to MaxFund Animal Adoption Center all veterinary records of any and all animals I have had or currently have.

Name of Veterinary Hospital: _____

Phone: _____

Name of your Veterinarian: _____

Pet's Name: _____

Name of Veterinary Hospital: _____

Phone: _____

Name of your Veterinarian: _____

Pet's Name: _____

Name of Veterinary Hospital: _____

Phone: _____

Name of your Veterinarian: _____

Pet's Name: _____

I certify that the information in this application is true and correct. I understand that false information may void my application. I also understand that failure to comply with future requirements (i.e., vet checks, licensing, etc.) and accepted standards of animal care could result in my inability to adopt other animals from MaxFund Animal Adoption Center, or MAAC.

Printed Name: _____ Date: _____

Signature: _____