



ADOPTION APPLICATION

In order to become an adoptive parent/guardian we ask that you complete this application. Please realize that when bringing home a new animal you must be responsible for the safety and actions of that animal. They do not know what is happening and need guidance and time to adjust. Please answer the following questions. Thank you for supporting our mission.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Best Time to Reach: _____

Size of pet best suited to your home and family:

- Small Medium Large Any

Does everyone in your household support having senior pets live with you? _____

Do any children or grandchildren live in your home or visit regularly?

- Yes, under 8 years old Yes, over 8 years old No

How long during the day will the pet be crated or home alone?

- 8-10 hours 4-8 hours 0-4 hours Not at all

Please provide names and phone numbers of two character references not related to you:

Who will be the pet's primary caregiver? _____

Do you own or rent your home? Own Rent

If renting, name and address of landlord (verification is required that you are authorized to keep pets in your apartment): _____

What type of home is it? Single family residence with yard

- Townhome/condo with patio Apartment – no yard

Have you adopted an animal before? Yes No

Do you have pets of your own? Yes No

Are any of them special needs pets? Yes No

Will you transport the animal to the vet if needed? Yes No

Do you have a crate? Yes No

What is the activity level of your household? Mild Moderate Very busy

How many people are in your household, including yourself? _____

How many are children below the age of 18? _____ Ages: _____

What other animals are in your household?

of dogs: _____ # of cats: _____ Other animals: _____

Which best describes your pets energy levels?

High Medium Low

Have all your pets been vaccinated? Yes No

Are all your dogs and/or cats spayed or neutered? Yes No

Where will the dog be kept during the day? _____

Do you live on or near open water? Yes No

Are you a United States Citizen? Yes No

Are you expecting a child? Yes No

Has anyone in the household ever been cited/fined for animal related situations?
 Yes No

Have you been denied adoption from another rescue group or shelter? Yes No

Do you have and use air conditioning? Yes No

Are you willing to trim nails or have nails trimmed on a regular basis? Yes No

Are you willing to administer daily eye drops or medicine if needed? Yes No

Are you willing to adopt a special needs dog? Yes No

If open to special needs, please check which special need you would accept:

Blind Deaf Diabetic Epileptic Arthritis Allergies
 Daily Medications Incontinent Can't climb stairs Back problems

Have you ever lived with a dog before? Yes No

Does your dog have any physical problems? _____

Where did you get your animals?

Breeder Pet Store Rescue Shelter Stray

Have you owned dogs in the last 10 years? _____

What happened to them? _____

How long did you own each animal? _____

Have you ever had an animal euthanized? Yes No

If yes, please explain: _____

Are you familiar with the animal control regulations in your area? Yes No

Can you deal with a dog that has accidents or may become incontinent? Yes No

Can you deal with a dog that licks? Yes No

Can you deal with a dog that sheds a lot? Yes No

Do you have a pool or spa? Yes No

If you have a pool, is it covered or fenced? Yes No

Do you have a back yard? Yes No

Is it fenced? Yes No

If you have a gate to the back yard, is it locked? Yes No

Do you have stairs (inside or out)? Yes No

Are any stairs open-backed? Yes No

Do you have a doggy door? Yes No

If no, do you plan to get a doggy door? Yes No

When you're out, will the dog have access to a doggy door and the outdoors?
 Yes No

Are you interested in helping **Mingus Manor** at their functions? Yes No

Would you object to a **Mingus Manor** representative calling to check on how you and the dog
are doing? Yes No

Would you object to a home visit by a representative of **Mingus Manor** as part of the application
process? Yes No

If yes, why? _____

Do you travel on business? Yes No

If yes, how often? _____

Do you travel for pleasure? Yes No

If yes, how often? _____

Do your animals travel with you? Yes No

Does anyone in your family work from home? Yes No

Are you planning to move within the next year? Yes No

If yes, when and where? _____

Where will your dog stay when you are out of town? _____

Is there anything else you think we should know about you, your pets or your family?

All of the information provided in this application is true and correct. If any of the information changes, I/we will notify you promptly. By signing below, you are attesting to the truthfulness of your answers. Falsification of any of the above information will be grounds to disallow your adoption of a rescue dog.

Mingus Manor places dogs in homes willing to make a lifetime commitment to their dogs. Dogs are to be treated as family members. They require a quality diet, regular medical care, vaccinations, and heartworm preventative.

I HAVE READ AND AGREE TO ALL OF THE TERMS ABOVE.

Signature of Applicant: _____ Date: _____

Signature of Spouse/Partner: _____ Date: _____

MINGUS MANOR RESERVES THE RIGHT TO REFUSE ANY ADOPTION APPLICATION.