



# Friends of Macon County Missouri Animals

## Dog Adoption Application

**PERSONAL INFORMATION:**

Applicant's name \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

Local Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**DESCRIPTION OF RESIDENCE:**

Do you Rent? \_\_\_\_\_ Own? \_\_\_\_\_

House \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Duplex \_\_\_\_\_

Property owner's name: \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

#Adults in house \_\_\_\_\_

#Children \_\_\_\_\_ Children's Ages \_\_\_\_\_

**PETS IN HOUSEHOLD: (circle choice or fill in info)**

<u>TYPE</u>	<u>SPAY/NEUTER</u>	<u>KEPT WHERE?</u>	<u>TIME OWNED</u>	<u>AGE</u>
Dog or Cat	Yes or No	Indoors or Outdoors		
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PREVIOUS PETS OWNED: (circle choice or fill in info

What Happened

<u>TYPE</u>	<u>SPAY/NEUTER</u>	<u>KEPT WHERE?</u>	<u>TIME OWNED</u>	<u>to Pet?</u>
Dog or Cat	Yes or No	Indoors or Outdoors		
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(Use back of sheet if additional room is needed)

Do you have a fenced yard? Yes \_\_\_ No \_\_\_ Height of fence \_\_\_\_\_

Type of fencing \_\_\_\_\_

How will you keep the dog confined to your property? **(Check all that apply)**

House \_\_\_ Kennel \_\_\_ Fence \_\_\_ Chain \_\_\_ Patio \_\_\_ Garage \_\_\_ Leash \_\_\_ Other \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Phone number \_\_\_\_\_

Veterinarian's address \_\_\_\_\_

How long have you used this Vet? \_\_\_\_\_

Reason for wanting to adopt this dog?  
\_\_\_\_\_

Who will be responsible for the daily care of this dog?  
\_\_\_\_\_

Where will you keep this dog? \_\_\_\_\_

Do all members of this household WANT this dog? \_\_\_\_\_

If there are young children in the home, they need to be educated on how to interact with the dog in order to prevent dog bites, are you able/willing to do that? \_\_\_\_\_

How long will you give this dog to adjust to its new home? \_\_\_\_\_

How many hours will your dog spend alone? \_\_\_\_\_

What will you do if your dog shows destructive behavior? (Digging, chewing, jumping, or running off)?

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

You may have to housebreak your new dog. Are you willing to do that?

Yes \_\_\_ No \_\_\_

How many times per day are you willing to exercise your dog? \_\_\_\_\_

Type of exercise? \_\_\_\_\_

What form of **training** will you provide your dog?

\_\_Obedience class \_\_Follow training books \_\_Professional training \_\_Home training

Will you have your dog **SPAYED OR NEUTERED** within the **30 Day** time frame?

Yes \_\_\_ No \_\_\_

Where/who will perform the surgery/procedure?

\_\_\_\_\_

Are you familiar with heartworm disease? Yes \_\_\_ No \_\_\_

Will you maintain your dog on heartworm preventative medication?

Yes \_\_\_ No \_\_\_

Dogs often live longer than ten years and some can live into the late teens.

Are you willing to make a long-term commitment to your dog? Yes \_\_\_ No \_\_\_

Have you adopted a dog from this shelter before? Yes \_\_\_ No \_\_\_

When? \_\_\_\_\_ Where is the dog now? \_\_\_\_\_

**I certify the above is true and that false information may result in nullifying this adoption.  
The Friends of Macon County Missouri Animals has the right to refuse adoption to anyone.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_