



ADOPTION APPLICATION

Mutts-N-Stuff
Post Office Box 187
Foristell, MO 63348
www.muttsnstuff.com
email: muttsnstuff@yahoo.com
phone: 314-306-MUTT

Your FULL Name: _____ Age: _____

Spouse's FULL Name: _____ Age: _____

Full address: _____ City: _____ State: ___ Zip: _____

Home phone: _____ Work phone: _____

Email address: _____

Which animal are you applying for? _____

Employer: _____ Spouse's Employer: _____

Ages of children: _____

Is everyone in the household in agreement about adopting a dog? Yes No

Name of homeowners insurance agent/company: _____

Phone number: _____

Current living situation: Condo Apartment Mobile Home House

Type of environment home is located: City-Urban Own Suburban With Parents

Do you Rent or Own

Landlord Name: _____ Phone: _____

Besides immediate family are other residing in your home? Yes No

If others are living in your home besides immediate family please give details,
including names and ages: _____

Does your home have a yard? Yes No If Yes, is it fenced? Yes No

Type of fence and height: _____

Is fence secured underground? Yes No Is fence secured with a padlock? Yes No

Adoption Information

Is someone home during the day? Yes No

If no, where will the dog stay? _____

Where will your dog be kept most of the time? _____

If outside, will you have a dog run/house? Yes No

Please give details: _____

Where will your dog sleep at night? _____

Will you take the dog to obedience classes? Yes No

How do you feel about crating your dog? _____

Have you ever owned a dog? Yes No

If yes, where is that dog now? _____

Prefer: Male Female Age range preferred? Baby Young Adult Senior

Why do you want a dog? _____

Use for guard dog? Yes No Years you plan on keeping dog? _____

What activities do you plan on enjoying with your dog? _____

What type of traits are you looking for in a dog?

Energetic Couch potato Jogging buddy Calm Play ball Camping buddy

Social butterfly Clown Serene Able to take to work

What training methods would you use? _____

Would you ever consider an electric fence? _____

Where would you take your dog for training? _____

If you went out of town, where would the dog stay? _____

Other Pet Information

Do you own other pets? Yes No

Other pet type?

_____ Age: _____ Sex: _____ Breed: _____

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Are all pets spayed/neutered? Yes No Are all pets vaccinated? Yes No

Are all pets on Heartworm prevention? Yes No What type? _____

Willing to pay for heartworm test? Yes No

Veterinarian: _____ Phone: _____

If you have current pets and veterinarian office, please list pet's name and owner's name (on record at vet's office): _____

If applicable, when was your current pets last visit? _____

List all pets you have had in the past 10 years and what happened to them: _____

List any Humane Societies, organizations, breed or training clubs you are associated with:

Please list three references:

