

Southern Comfort Maltese Rescue (SCMR)
Adoption Application

Name(s): _____

Home phone: _____ Work phone: _____

Email address: _____

Occupation(s): _____

Home address: _____

Mailing address (if different): _____

How long have you been at this address? _____ years and _____ months

Do you own or rent? Own Rent

Do you have the permission of your landlord to have a dog? Yes No

If Yes, up to what size? _____

Are you interested in a particular dog? Yes No

If Yes, which one?

1st Choice _____

2nd choice _____

3rd choice _____

If No, what breed/size are you interested in? _____

Gender preferred _____

Age desired: Specific age: _____

Will you accept a Mix? Yes No

Would you consider a Special-Needs Rescue Animal such as one who requires medication for a permanent but controlled condition? Yes _____ No _____

Please tell us why you want a Dog: _____

Please tell us a little about your lifestyle, your family, including any special activities in which your dog would be included. (If you have any special requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle.): _____

Do you have any children, currently expecting a child or planning for a child? _____

Have child(ren) Age(s): _____

Currently expecting a child: Yes No

Planning for a child Yes No

No children

Not currently expecting a child

Not planning for a child

Please let us know whom else lives in your home, their age, and do they share your interest in adopting a dog?

Who is the dog primarily for? _____

Who will care for, train and exercise the dog? _____

Does anyone in your household have allergies to dogs? Yes _____ No _____

May we visit your home prior to application approval? Yes _____ No _____ When _____

Please list all the pets you have owned, what kind, sex, spay/neutered, and what happened to the pet. _____

Do you currently have other animals? Yes _____ No _____

If yes, please list type of animal, age, and sex: _____

Have they ever been around other animals? Yes _____ No _____

Do they get along with other animals? Yes _____ No _____

Do your pets have any characteristics that we should be aware of that would affect an animal coming into the home (i.e., is your pet aggressive toward other animals, etc.)? Yes _____ No _____

If yes, Please describe the characteristic(s): _____

Where will the dog be during the day? _____

Will someone be home during the day? Yes _____ No _____

How many hours will this pet be alone during the day? _____

Where will the dog be at night? _____

Is your yard fenced in? Yes _____ No _____

If Yes, what type and height? _____

If No, please describe how you plan to confine your dog to your property when outside: _____

Do you have a swimming pool? Yes _____ No _____

If Yes, do animals have free access to it? Yes _____ No _____

Are you willing to obtain a crate and crate-train your dog if necessary? Yes _____ No _____

Where will the dog stay when you are on vacation or out-of-town? _____

If you move, what will you do with your dog? _____

What behaviors would cause you to give up your dog? _____

Do you have a current or previous vet? Yes _____ No _____

Please provide the name of your current (or previous, if no current) veterinarian and the full name, address, and phone number of his/her vet clinic: _____

Vet name: _____

Clinic name: _____

Street address: _____

City: _____ State: _____

Phone: _____

May we contact your vet for a reference? Yes _____ No _____

We also request you contact your veterinarian's office to let them know SCMR will be calling, giving them permission to talk to us at that time.

Please provide the full name, address, and phone number of three personal references and state how you know them:

1. _____

2. _____

3. _____

If you do adopt a rescue dog and decide to give it up, do you agree to contact us and make arrangements to get the dog back to SCMR? Yes _____ No _____

Have you or any members of your family/household been cited for leash law violations or cruelty to animals in the past? Yes _____ No _____

If Yes, please specify: _____

Have you applied to any other Rescue groups? Yes _____ No _____

If yes, please identify the group so that we do not duplicate their efforts: _____

- I/We attest that the Terms and Conditions of Adoption as stated below have been read in full by me/us and I/we understand that is part of the adoption process and will be enforced.
- I/We attest that the information provided on this application is true and accurate to the best of my/our knowledge.
- I/We attest that we have retained a copy of the Terms and Conditions of Adoption and also understand that completion and submission of this application does not guarantee adoption of a Rescue Animal.
- I/We understand that any misrepresentation of fact may result in the removal of the adopted dog from my/our home.
- I/We understand that if this application was submitted via email, formal Signature (s) will be obtained when and if adoption takes place.

Applicant's signature: _____ Date: _____

Return this Adoption Application with your signature to:

Southern Comfort Maltese Rescue
PO Box 2005
Chattanooga, TN 37409