

Southern Comfort Maltese Rescue (SCMR)

Adoption Application

Return this Adoption Application with your signature to:
PO Box 2005
Chattanooga, TN 37409
Fax – 423-443-4082

Name(s): _____

Home phone: _____ Work phone: _____ Cell phone: _____

Best contact number: home work cell

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 you answered yes, please provide the contact information for the landlord, since permission to have a dog in your home will be required in order to be approved to adopt:

Landlord name _____

Landlord address _____

Landlord contact number _____ also provide the best time to call _____

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

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Planning for a child Yes No

No children

Not currently expecting a child

Not planning for a child

Please provide the information below as to who lives in the home, giving names, ages and relationship, including applicant:

Applicant Name _____ age _____

Resident 1 Name _____ age _____ relationship _____

Resident 2 Name _____ age _____ relationship _____

Resident 3 Name _____ age _____ relationship _____

Resident 4 Name _____ age _____ relationship _____

Resident 5 Name _____ age _____ relationship _____

Resident 6 Name _____ age _____ relationship _____

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? No Yes 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, and if spay/neutered: _____

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? _____

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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: _____ Zipcode: _____

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 names, addresses, and phone numbers of 3 personal references **that are not relatives**:

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: _____