## Misfit Angels of South Jersey Dog Adoption Application

This questionnaire is intended to be a guide to help you think about all the ways a pet will impact your life. All of the questions concern various aspects of pet ownership that should be given serious consideration before deciding to share your home and your life with any animal. Remember, you are a pet's lifelong LIFELONG commitment! ADOPT DON'T SHOP

## Dog Adoption Donation \$525.00 includes vaccinations, deworming and microchipping. Spay and Neuter to be discussed

## Misfit Angels of South Jersey is a New Jersey Registered Non Profit Organization.

 All Donations help offset the cost of transporting the dogs, and basic medical expenses. We accept cash, checks, Pay Pal \& Credit CardsPatricia Trueland, Executive Director

## Personal Information:

Name: $\qquad$ Date: $\qquad$

Address: $\qquad$ Yrs: $\qquad$

City: $\qquad$ State: $\qquad$ Zip: $\qquad$

Phone: $\qquad$ Email: $\qquad$
Are You (Please check all that apply) Employed $\qquad$ A Student $\qquad$ Unemployed $\qquad$ Looking for work $\qquad$ Retired $\qquad$

Misfit Angels of South Jersey requires all dogs to be spayed or neutered. If the dog is not spayed or neutered before adoption, you will be required to provide proof of spay or neuter within six (6) months. You must be 18 years old or older to adopt.
Do you certify that you are at least 18 years of age? $\qquad$
If you are interested in a particular dog, please provide the name: $\qquad$

Age $\qquad$ Sex $\qquad$

## Current Employment Information:

Employer: $\qquad$ Position Held: $\qquad$

Period of time employed: $\qquad$

Address: $\qquad$

City: $\qquad$ State: Zip

Phone: $\qquad$

References: Please provide 3 references, including one non-family member

Name: $\qquad$ Telephone: $\qquad$

Name: $\qquad$ Telephone: $\qquad$

Name: $\qquad$ Telephone: $\qquad$

Veterinarian: $\qquad$ Telephone: $\qquad$

When was your current pet's last visit:

For Misfit Angels of South Jersey Use:

Ref Check $\qquad$ Home Visit $\qquad$ App Approved $\qquad$ Adoption Complete $\qquad$

## Questionnaire

What best describes your home? Apartment/Condo $\qquad$ House $\qquad$ Other $\qquad$

Do you own or rent? If renting are you allowed to have pets $\qquad$ yes $\qquad$ no

Landlord's Name and Telephone Number: $\qquad$

How long at current address: $\qquad$

Do you have plans to move within the next 12 months? $\qquad$

If yes, please explain $\qquad$

Do you foresee any major changes in your life in the next 5 years? Such as marriage Childbirth, health problems due to age, going away to college $\mathrm{Y} / \mathrm{N}$

If yes, what provisions will you make to accommodate your pet? $\qquad$

Do you currently have a pet $\mathrm{Y} / \mathrm{N}$ If yes, please list each pet's name, breed, age, spay/neuter, time with you and temperament. You Should be prepared to spend a Week or more integrating your new dog with existing pets.
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Are your current pets up to date on their annual vaccinations and have they had regular vet visits? Y/N

When were their most recent visits $\qquad$

Have your ever had to give up a pet? Y / N $\qquad$
If yes, why and what was done with the pet $\qquad$

Please list all the people living in the same home, their relationship to you and their ages.
Name: $\qquad$ Age $\qquad$ Relationship $\qquad$

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Name: $\qquad$ Age $\qquad$ Relationship $\qquad$

Is anyone in your household allergic to any animal $\mathrm{Y} / \mathrm{N}$

Is everyone in your household in agreement about adopting a rescue animal $\mathrm{Y} / \mathrm{N}$ If No,Please Explain $\qquad$ N/A
$\qquad$
$\qquad$
$\qquad$

Are you prepared to allow at least 7 to 10 days OR LONGER for your new pet to adjust to your home $\qquad$

Are there screens in all of your windows? Y/N

Where will the pet be kept at night when everyone is sleeping?
$\qquad$
$\qquad$
$\qquad$

When traveling, what will you do to make sure the cat or dog is taken care of?
$\qquad$
$\qquad$
$\qquad$

Are you financially prepared to pay $\$ 200$ - $\$ 800$ (or more) for emergency veterinary care if it came up? $\mathrm{Y} / \mathrm{N}$

Why would you like to adopt a dog: $\qquad$
$\qquad$
$\qquad$

If you do not have a pet, have you ever owned a dog $\mathrm{Y} / \mathrm{N}$
Do you have a fenced in yard $\mathrm{Y} / \mathrm{N}$ - Is it FULLY fenced in $\mathrm{Y} / \mathrm{N}$ (BACKYARD)

When home alone, will the dog be left loose in the home, kept in a cage or left outside?
$\qquad$
$\qquad$
$\qquad$
How will you exercise the dog and how often

Are you willing to housetrain $\mathrm{Y} / \mathrm{N}$ if yes, how do you plan to house train the dog?
$\qquad$
$\qquad$
$\qquad$
$\qquad$

How will you discipline your new dog?
$\qquad$
$\qquad$
$\qquad$
$\qquad$
What would you do if your dog develops a problem with:

Digging/Marking $\qquad$

Separation Anxiety
Aggression towards people $\qquad$

Aggression toward other animals $\qquad$

Are you willing to take the dog to obedience training if behavioral problems arise $\mathrm{Y} / \mathrm{N}$

Who in the household will be the dog's primary caregiver? $\qquad$

If you have children, what is their experience with dogs? $\qquad$
$\qquad$
$\qquad$
$\qquad$

If you have cat (s) how do you intend to integrate the dog with them? $\qquad$
$\qquad$
$\qquad$

If you have dog (s) how do you intend to integrate the dog with them? $\qquad$

Are you willing to keep a collar and ID tag on all of your pets at all times? Y / N
Has a dog died on your premises in the last 6 months? If Yes please explain
$\qquad$
$\qquad$

Do you know what heartworm disease is and how to prevent it? $\mathrm{Y} / \mathrm{N}$

I VERIFY THAT ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE:

Printed Name: $\qquad$

Signature: $\qquad$

Date: $\qquad$

