



Mutts in a Rut Adoption Application

Mutts in a Rut Rescue

P.O. Box 111335

Cleveland, Ohio 44111

muttsinarutrescue@gmail.com

Contact Information

Full Name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best Time to Call: _____

Email Address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in?

Single Family Town Home Apartment Farm _____ Other

Please describe your household: Active Noisy Quiet Average

Do you Own or Rent

Landlord's name and phone number: _____

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt? _____

Do you have time to provide adequate love and attention? _____

Is anyone home during the day? _____

Other Pets

What other pets do you have (names, breed)?

Are these pets spayed/neutered? If not...why? _____

Have you ever lost a pet to an accident?

Have you ever surrendered a pet? If so, why? _____

How do you discipline your pets and why?

Have you ever owned a dog with behavior or medical issues? If so, please describe briefly.

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's Name:

Clinic Name:

Clinic Address:

Clinic Phone:

*****(Providing us with this information, you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to Mutts in a Rut Rescue)**

Other Information

What kind of identification will you have on the dog?

Pet ID Tag Microchip County License Rabies Tag None

Will the dog have run of the house? (Yes/No/When Trustworthy)

Will you use a crate? (Yes/No/Until Trustworthy/Only if the dog likes a crate)

Where will the dog spend the day? (Describe)

Where will the dog spend the night? (Describe)

Number of hours (average) the dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian?

Yes No

Do you agree to keep the dog as an indoor dog? Yes No

Do you have a fenced in back yard? Yes No If so what type of fence and what size?

If no, how do you plan to supervise the dog? _____

How do you plan on housetraining the dog? _____

What activity level are you looking for?

Use a scale of 1-5 (5 being a highly energetic dog and 1 being a very quiet dog) _____

Are you willing to go to obedience classes? Yes No

Do you agree to contact us if you can no longer keep this dog? Yes No

Personal References

Please list someone who is familiar with both you and your pets.

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

We reserve the right to refuse any applicant. You must be 21 years of age to apply. **Submitting an application does not guarantee your adoption of an animal.** This is only the first stage of the adoption process.

By signing at the end of the application, you are indicating that you have answered every question to the best of your knowledge. You also give Mutts in a Rut Rescue permission to contact all personal & veterinarian references. We thank you for your interest in one of our adoptables. A representative will be in contact with you shortly. If you do not get a response within 24 hours, feel free to email muttsinarutrescue@gmail.com to verify your application was received.

Signature: _____

Print Name: _____

Date: _____