



## 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)?

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How many children (ages)?

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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)?

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Are these pets spayed/neutered? If not...why? \_\_\_\_\_

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Have you ever lost a pet to an accident?

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Have you ever surrendered a pet? If so, why? \_\_\_\_\_

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How do you discipline your pets and why?

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

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### **Veterinarian**

Do you have a regular veterinarian?  Yes  No

Veterinarian's Name:

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Clinic Name:

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Clinic Address:

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Clinic Phone:

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**\*\*\*(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)

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Where will the dog spend the night? (Describe)

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

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

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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? \_\_\_\_\_

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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](mailto:muttsinarutrescue@gmail.com) to verify your application was received.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_