

Miniature Schnauzer Rescue, Inc.

Adoption Request Form

Date: _____
Name: _____
Address: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____
Phone #'s (with area code): _____
Home: _____
Work: _____
Cell: _____
E-Mail: _____

Have you ever owned a Miniature Schnauzer? Yes _____ No _____
Are you familiar with the Miniature Schnauzer breed? Yes _____ No _____
Why do you want a Miniature Schnauzer? _____

What are you looking for in a Schnauzer? Sex: F / M Age: _____
Would you consider an older dog? Yes _____ No _____
Would you consider a Special Needs dog? Yes _____ No _____
Would you consider a Miniature Schnauzer mixed breed? Yes _____ No _____
What happened to your last dog? _____

Have you lost a pet? (not through illness) Yes _____ No _____
If yes, explain: _____

Have you had an animal die due to disease? Yes _____ No _____
If yes, explain: _____

Do you have any other animals? Yes _____ No _____
If yes, please list type, age, sex, altered status, indoor or outdoor: _____

How many people are in the family? _____
Do you have children at home? Yes _____ No _____
(Are you aware that we prefer no children under the age of 8?)
If yes, please list number and ages: _____

Do children visit often? Yes _____ No _____
If yes, what ages? _____

Miniature Schnauzer Rescue, Inc.

Adoption Request Form

(continued....page 2)

Your Name: _____

Do you work or are you retired? _____

What type of work do you do? _____

How many hours per day would the pet be alone? _____

Where will the pet be kept when left alone? _____

What type of dwelling do you live in? House ___ Apt ___ Condo ___ Trailer ___

Other: _____

If you rent, do you have the landlord's permission to keep a dog? Yes ___ No ___

Do you have a yard? Yes ___ No ___ Is it fenced? Yes ___ No ___

What type of fencing? _____

Do you intend to keep this dog primarily indoors or outdoors? _____

Are you prepared to assume the financial responsibilities of caring for an animal, including inoculations, heartworm preventative, veterinarian care, good quality food, licensing, obedience training, etc.? Yes ___ No ___

Is this Miniature Schnauzer going to be a gift? Yes ___ No ___

For whom? _____

Do they know they are getting a gift? Yes ___ No ___

Do you understand that any rescue Schnauzer that you may adopt through Miniature Schnauzer Rescue will be spayed/neutered? Yes ___ No ___

Do you understand that if a dog placed with you is too young for spay / neuter, you will be charged a refundable deposit of up to \$500 at the time of adoption? This deposit is refundable upon receipt by MSR of spay / neuter certificate signed by the attending veterinarian. Yes ___ No ___

Are you willing to allow a Rescue representative to visit your home by appointment? Yes ___ No ___

How did you hear about Miniature Schnauzer Rescue? _____

Do you accept that there will be an adoption fee for the adopted dog?

Yes ___ No ___

Please provide your vet's name and number: _____

Please give a brief description of your lifestyle and hobbies. _____

Please include any other information you feel would be helpful. _____

How soon could you adopt? Month _____ Year _____

By submitting this application, I certify that all of the information I have provided is true and complete to the best of my knowledge.

Thank you! **Miniature Schnauzer Rescue, Inc.**

We reserve the right to refuse any applicant. Thank you for taking the time to complete this questionnaire, which helps us to make the best possible placement for all concerned.

Please fax or mail this form to either:

Jonnie Hart

3085 S.W. 107th Avenue

Portland, OR 97225

Tel: 503-292-2328

Fax: 503-292-2328

jonnie@msrnorthwest.org

Barbara Keepes

3544 N.E. 42nd Avenue

Portland, OR 97213

Tel: 503-287-8697

Fax: 503-608-3466

barbara@msrnorthwest.org
