

# Miniature Schnauzer Rescue Inc.

## Adoption Request Form

Are you interested in adopting a

☐ Giant ☐ Standard ☐ Miniature

Please only choose one.

Please do not fill out an application until you are ready to adopt. It is a labor-intensive process to review and track submitted applications. Thank you!

**Please Note: Due to liability issues, children in the family must be at least 8 years of age.  
You must be at least 21 years of age to adopt from Miniature Schnauzer Rescue**

Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone Number (with area code): \_\_\_\_\_

Work Phone Number (with area code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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? ☐ Male ☐ Female Age Range: \_\_\_\_\_

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?

If you are applying for a Giant Schnauzer, have you owned one? Or do you have knowledge of the breed? Please explain. \_\_\_\_\_

Have you lost or given away a pet to a shelter ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you had an animal die due to disease? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you have other animals? ☐ Yes ☐ No

If yes, please list type, age, sex, altered status, indoor or outdoor: \_\_\_\_\_

If your pet is not spayed or neutered, please explain why? \_\_\_\_\_

How many people in the family? \_\_\_\_\_

Do you have children at home? ☐ Yes ☐ No

If yes, please list number and ages: \_\_\_\_\_

**PLEASE NOTE: Due to liability issues, children in the family must be at least 8 years of age.**

Do children visit often? ☐ Yes ☐ No

If yes, what ages? \_\_\_\_\_

Closest living relative \_\_\_\_\_ Phone number \_\_\_\_\_

Do you work or are you retired? ☐ I work ☐ I'm retired

What type of work do you do? \_\_\_\_\_

How many hours per day would the pet be alone? \_\_\_\_\_

How many hours will the Pet be alone before being let out to relieve itself? \_\_\_\_\_

Where will the pet be kept when left alone? \_\_\_\_\_

What type of dwelling do you live in? ☐ House ☐ Apartment ☐ Condo ☐ Trailer ☐ Other

Do you rent or own? ☐ Rent ☐ Own

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

Can you provide documentation from your landlord to keep a pet? ☐ Yes ☐ No

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

What type of fencing? \_\_\_\_\_

If you don't have a fenced yard, how will you maintain the ability to let your dog out on a regular basis to relieve itself? \_\_\_\_\_

Do you intend to keep this dog primarily indoors or outdoors? ☐ Indoors ☐ 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 & phone number. Name: \_\_\_\_\_

Number: \_\_\_\_\_

Please give a brief description of your lifestyle and hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you realize that ALL Schnauzers require VERY regular grooming? \_\_\_\_\_

\_\_\_\_\_

Please include any other information you feel would be helpful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How soon could you adopt? Month: \_\_\_\_\_ Year: \_\_\_\_\_

Thank you!

By submitting this application, I certify that all of the information I have provided is true and complete to the best of my knowledge. We reserve the right to refuse any applicant. Thank you for taking the time to complete this Questionnaire, which will help us make the best possible placement for all concerned. It is also understood that MSR/ GSR be immediately notified if you can no longer keep your pet.

Please mail to:

Leslie Shields

801 NW 226<sup>th</sup> Ave

Hillsboro, OR 97124