



Mendo Shelter Pets Rescue Adoption Application

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

How long have you lived at this address? _____

Do you own or rent your home? _____

Email: _____ Occupation: _____

Emergency Contact Name: _____ Phone Number: _____

Name of pet you are interested in: _____

How did you hear about this pet: _____

Do you live in a House / Condo / Apartment / Other _____

Is your yard fenced in? _____ Describe fencing: _____

What is the noise level of your home? High / Med / Low

Have you ever had a pet before? Please explain: _____

Do you currently have a pet(s)? _____ If so, how many? _____

Are your current pets Spayed/Neutered? _____ If not, please explain: _____

Are your current pets Vaccinated? _____ Microchipped? _____



How many adults live in your household? _____ Any known allergies? _____

How many children live in you household? _____ Ages of children: _____

Do your children know how to respectfully interact with animals? _____

Who will be the primary caretaker of your pet? _____

Where will your new family member sleep? _____

Where will the pet be kept when no one is home? _____

Is there an outside shelter area for your pet? _____

On average, how many hours will the pet be alone each day? _____

How/Where will you exercise your pet? _____

Heartworm and Flea/Tick preventative is required. The cost is approx.. \$50/month

Can you afford that? _____ How much money do you expect to spend per year caring for this pet (food, toys/treats, vet care, etc...)? _____

What is your plan for unexpected medical bills? _____

What would cause you to return your pet to MSPR? _____

What would you do if you could no longer care for your pet? _____

How long do you plan on giving your new family member time to adjust to his/her new home? _____

Has anyone in our household ever been convicted of animal cruelty, neglect or abandonment? _____



Veterinary Information:

Veterinary practice last used: _____

City

State

Phone Number

How many years with this practice? _____ Can we contact them? Y/ N

Past pets? Please describe them: _____

Please list three references that we can contact.

Full Name

Relationship

Address

Phone number

Company

Full Name

Relationship

Address

Phone number

Company

Full Name

Relationship

Address

Phone number

Company



I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of a pet, or if and animal has been adopted to me, the return of that pet to Mendo Shelter Pets Rescue, Inc.

***MSPR will have to complete a home check before my adoption application can be approved**

Adopter's Name (please print): _____

Adopter's Signature: _____

Adopter's Phone Number: _____

Date: _____

Authorized Rescue Representative: _____

Date: _____