

Make A Difference Rescue      Date: \_\_\_\_\_      Volunteer: \_\_\_\_\_      Location: \_\_\_\_\_

APPLICATION FOR: (PET'S NAME) \_\_\_\_\_ (BREED) \_\_\_\_\_

How did you hear about Make a Difference Rescue (MADR)?

- AllPaws.com    Petfinder.com    Adoptapet.com    Vet    Flyer    Friend    Facebook    Other

|                             |  |                                       |  |                |  |
|-----------------------------|--|---------------------------------------|--|----------------|--|
| Name:                       |  | Name:                                 |  | Relation:      |  |
| Age:                        |  | Birth Date:                           |  | Age:           |  |
| Email:                      |  | Email:                                |  |                |  |
| Address:                    |  | Cell Phone:                           |  |                |  |
| City:                       |  | Work Phone:                           |  |                |  |
| State:                      |  | Zip:                                  |  | Employer Name: |  |
| Main cross roads:           |  | Employer City:                        |  |                |  |
| Home Phone:                 |  | Usual Work Hours:                     |  |                |  |
| Cell Phone:                 |  | Please list family only as references |  |                |  |
| Work Phone:                 |  | Reference 1 Name:                     |  |                |  |
| Employer Name:              |  | Reference 1 Phone:                    |  |                |  |
| Employer City:              |  | Reference 1 Relation:                 |  |                |  |
| Usual Work Hours:           |  |                                       |  |                |  |
| Emergency Contact Name:     |  | Reference 2 Name:                     |  |                |  |
| Emergency Contact Phone:    |  | Reference 2 Phone:                    |  |                |  |
| Emergency Contact Relation: |  | Reference 2 Relation:                 |  |                |  |

|  |  |   |   |   |              |
|--|--|---|---|---|--------------|
| Where do you live? <input type="checkbox"/> Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Flat <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Live with Parents |  |   |   |   |              |
| Do you own or rent?  |  | Landlord Name:  |   |   |              |
| Landlord Phone:  |  | List any Restrictions:  |   |   |              |
| <b>Lease agreement must be faxed to 248-565-9056</b>   |  |   |   |   |              |
| How long have you lived at your current address?   |  |   | How many people live in your household?   |   |              |
| How many children live with you?   |  | Names & Ages:   |   |   |              |
| Will anyone be home during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, who?  |  |   |   |   |              |
| On average, how many hours a day will the pet be alone?  |  |   | Who will mainly be responsible for the pet?   |   |              |
| If you need to work longer hours, how will you make accommodations for your pet?   |  |   |   |   |              |
| What is your opinion about spaying and neutering?  |  |   |   |   |              |
| If applicable, can you afford to have this animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   | Can you afford obedience training? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |              |
| Are you familiar with heartworm disease and heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |   |   |              |
| Is your dog on a heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |   |   |              |
| Are you aware the average annual cost of routine veterinary care ranges from \$300-\$700? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |   |   |              |
| Are you financially prepared for routine veterinary care as well as potential unexpected vet bills? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |   |   |              |
| <b>Name of Veterinarian where Animals were vaccinated &amp; Spay/Neutered</b>  |  | <b>City:</b>  |   | <b>Phone:</b>   |              |
| <b>How many Current Pets? _____</b><br><b># of dogs: _____ # of cats: _____</b><br><b>Please Circle one:</b><br><b>Are cats indoor, outdoor, or both?</b>  |  | <b>List Names, Ages &amp; Breeds</b>  | <b>Name</b>   | <b>Age</b>  | <b>Breed</b> |
| <b>Vet Check Notes (for Rescue use only)</b>   |  |   |   |   |              |
| <b>Are they spayed or neutered?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b>   |  | <b>Declawed?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b> |   | <b>Up to date on vaccinations?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b> |              |
| <b>Names and types of Animals that you have owned in the last 7 years that are no longer with you &amp; what happened to them?</b>   |  |   |   |   |              |
| What type of fence do you have?  |  |   |   |   |              |
|  |  |   |   | Totally enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |              |
|  |  |   |   | Height?   |              |

|  |                 |
|--|-----------------|
| Where are your current animals housed? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both  | Please explain: |
| Where will your new pet be housed? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both  | Please explain: |
| Are you hoping to adopt this pet: <input type="checkbox"/> for yourself <input type="checkbox"/> for your family <input type="checkbox"/> for your child <input type="checkbox"/> for someone else |                 |
| What will you do with your pet when you go on vacation?  |                 |
| Are you planning on moving in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when/where?  |                 |
| If pets are not allowed, what will you do with them? Please explain.   |                 |
| If you separate or divorce, where will the pet go?   |                 |
| For what reason would you consider returning, or giving up this pet?   |                 |
| If your pet ran away, jumped the fence, was stolen or went missing, what steps would you take to recover your pet?   |                 |
| What will you do to prevent this from happening?   |                 |
| Rate your energy level: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low How much and what types of exercise will you give this dog?                   |                 |
| Why did you choose this particular pet?  |                 |
| Do you consider your pet to be <input type="checkbox"/> a family member <input type="checkbox"/> an animal <input type="checkbox"/> a companion <input type="checkbox"/> a guard dog               |                 |
| How will you transition this pet to become part of your family?  |                 |
| How would you deal with a high energy, teething, or potentially destructive pet?   |                 |
| What would you do if behavior issues arise with the dog and a child?   |                 |
| How do you plan to deal with potential behavior issues?  |                 |
| Have you ever surrendered an animal to a shelter or given one away? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:   |                 |
| If your pet should bite you or anyone else, what will you do?  |                 |
| Have you ever adopted a pet from a shelter or rescue organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where is the pet now?  |                 |
| Do you know how to housebreak a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No How do you plan to do so?  |                 |
| Have you ever gone through puppy/dog obedience classes before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?   |                 |
| If you are approved for adoption are you willing to attend obedience classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:   |                 |
| Have you had a pet die of distemper, parvovirus, leukemia, or any other virus/illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |                 |
| Does anyone have allergies in your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:   |                 |
| Additional Notes of why you would like to be considered to adopt this particular dog/puppy and what would make you a good fit for him/her:   |                 |
|  |                 |
|  |                 |
| If applying for a puppy and under age 30, list your parents names phone, and address:  |                 |

**In order for your application to be reviewed, it is mandatory that all questions be answered completely.** Thank you for your patience in completing this form as it helps us find responsible, loving, permanent homes for the animals. Please be advised that the application screening may take up to one week. In most cases, a home inspection and a vet check will be required before an application can be approved. Make a Difference Rescue reserves the right to decline an application. If you are not contacted within one week, your application was not approved. **Your signature below certifies that all the information provided is true, complete and not misleading in any way and authorizes Make a Difference Rescue to contact landlords, associates and veterinarians as well as the opportunity to conduct a home visit.**

Signature 1 \_\_\_\_\_ Date \_\_\_\_\_  
Signature 2 \_\_\_\_\_ Date \_\_\_\_\_