



Dog Application -- Matchmaking Form

Date _____
Dog's Name _____
Breed _____
Sex _____ Age _____

Applicant Name: _____

Street Address: _____ **P.O. Box** _____

City: _____ **State:** _____ **Zip** _____ **Home Phone** _____

Current Veterinarian _____ Phone # _____

I wish to adopt a dog because: _____

Personal References (Please list two non-family -- **Names, Phone**):

1) _____

2) _____

About You and Your Household--Please Check Appropriate Box:

Are You: () Working, () Homemaker, () Retired, () Attending school, () other: _____

Type of Housing: () Home, () Condo, () Apartment, () Mobile Home, () RV

() Own, () Rent, () Live with parents, () Rent lot space, () Other:

Landlord's name: _____ Phone: _____

Others in household (inc. ages of children): _____

My Experience with dogs: () First time, () Had one or two, () Very experienced

Do you have other pets now? () Yes, () No, If yes: () Cat, () Dog Breed: _____

Where did you get pet? _____ Length of time you had pet _____ Spayed/Neutered? () Yes () No

If you don't have a pet now, have you ever had a pet before? () Yes, () No

If yes: () Cat, () Dog Breed _____ Spayed/Neutered? () Yes, () No

Length of time you had pet _____ What happened to pet _____

Have you previously adopted a pet from Mission Valley Animal Shelter? () Yes, () No

Your preferences:

Size of dog I'd like: () Small (up to 20 lbs) () Med. (20-50 lbs) () Large (51-100 lbs)

() Giant (over 100 lbs). Prefer: () Male, () Female, () Either

I'd like these personality/temperament traits in my dog: () Quiet, () Mellow, () Affectionate

() Lap dog, () Protective, () Vocal, () Herder, () Retriever, () Loves water, () Other: _____

Training preferences: () None, () Some obedience, () Fully trained, () Housetrained
For exercise I prefer a dog that: () Walks on a leash, () Walks on & off leash, () Run / hike with me
() Will exercise itself, () Requires no exercise

I prefer a dog with an energy level that is: () High, () Moderate, () Low

I presently have: () A fenced yard, () An enclosed kennel, () A stationary tie-up,
() Other: _____

My dog would be (where): _____ during the day,
and (where) _____ at night?

I understand the Mission Valley Animal Shelter is under no obligation to adopt the animal described in this Application to me for any reason whatsoever. I further understand that representatives of Mission Valley Animal Shelter will contact the references listed above for suitability for adoption and pet ownership. If I am approved for adoption, I agree to execute an Adoption Agreement and be bound by the terms thereof.

The undersigned releases and holds harmless the Mission Valley Animal Shelter, its employees, agents, officers and directors, from any and all liability which may arise out of any verification of the information contained herein. Mission Valley Animal Shelter agrees that it shall keep information received from such verification confidential.

The undersigned further releases and holds harmless the veterinarian(s) listed on the reverse side hereof, and such veterinarian's clinic, employees, agents, officers and directors, from any and all liability which may arise from information conveyed by such veterinarian or such veterinarian's clinic, employees, agents, officers and directors, to the Mission Valley Animal Shelter as a result of inquiries made in connection with this Adoption Application.

Date

Adopter's Signature

Where did you hear or learn about this pet?

() Newspaper Ad () Radio () Poster () Website () Referral () Drop-In () Other: _____

Are you a member of MV Animal Shelter? () Yes () No

Interested in becoming a member? () Yes () No

(For Shelter to Complete):

Application: () Approved () Denied Date: _____

Reason for Denial: _____

DNA List Checked: ()

Follow-up:

