

ADOPTION APPLICATION

Date: _____.

List Name of Dog(s) you are interested in: _____.

Name: _____.

Address: _____.

City: _____ State: _____ Zip: _____.

Phone: _____.

E-Mail Address: _____.

Home Phone: _____.

Cell Phone: _____.

Business Phone: _____.

Occupation 1: _____.

Employer: _____.

Occupation2: _____.

Employer2: _____.

Number of Adults in Household: _____.

Number of Children in Household: _____.

Please list sex and ages of children: _____.

Explain why you think a Malinois is the best choice to be adopted by your family:

Explain what experience you have with Malinois and dogs in general.

What activities do you expect your Malinois to take part in with you and/or with your family?

Who will be responsible for the care and training of the new Malinois?

Approximately how long would you expect your Malinois to be alone each day?

Please circle the type of home in which you reside:

Mobile Home Apartment Condominium Single Family Home

If you rent or lease, you must have written permission from your landlord. Please list Landlords information:

Name: _____ .

Address: _____ .

City: _____ **State:** _____ **Zip:** _____ .

Phone: _____ .

Is your yard fenced?

If yes, note the approximate size of the fenced area, and height and type of fencing material: _____ .

Would you fence all or part of your yard as a condition of adoption? : _____ .

Are you willing and able to modify your daily schedule to accommodate a Malinois' needs, such as going outdoors into a fenced area or walking on a leash to perform bodily functions at least four times daily?_____.

Are you aware of the importance of keeping a Malinois on leash or in a fenced area? _____.

Malinois are social, pack animals that need to live in close companionship with their family and pack. While moderate time may be spent in an adequate outdoor kennel and dog house they cannot be kept outside exclusively and never chained. Do you agree to these conditions? _____.

Is there a local ordinance in your area pertaining to owning/housing an animal (i.e. leash laws, required vaccinations, dog licenses, etc.) _____.

Are you willing to keep a collar with a tag bearing your name, address, phone number, etc. on your Malinois at all times? _____.

If for any reason, you are unable to keep your Malinois, will you agree to return it to the person from whom you adopted?_____.

Are you willing and able to accept full care, costs, and necessary burdens and responsibility of owning a pet?_____.

How many dogs have you owned in the past ten years?_____.

Please list each dogs' breed, sex, name and age. (If you no longer own the dog, please note what became of it)

What other pets do you have?_____.

Have you ever bred or raised dogs?_____.

Have you ever participated in dog shows?_____.

Have you ever trained a dog before? _____.

If yes, what commands were taught? _____.

Are you familiar with crate training? _____.

If no, would you be willing to learn more about it and consider the use of a crate (portable cage) as a training and transitional aid? _____.

How would you describe your household activity level: (please circle one)

My household activity level is very quiet

My household activity level is rather easygoing

My household activity level there is usually something going on

My household activity level there is lots of activity

Estimate number of times per month that adults visit your home? _____.

Estimate number of times per month that children visit your home? _____.

In addition to a regular life at home, would your Malinois:

Walk routinely with a family member? _____.

Compete in obedience trials? _____.

Go to obedience classes? _____.

Go to your place of business with you? _____.

Travel with you? _____.

Be a playmate or pet for your children? _____.

Please add any additional information or thoughts that you feel would help us to understand you and your home as potential Malinois owners?

Do you currently have a veterinarian or had one for animals you've owned in the past?

If yes, please list your veterinarian's name, address, and phone number:

Name: _____ .

Address: _____ .

City: _____ **State:** _____ **Zip:** _____ .

Phone: _____ .

Please list two personal references that you have known for more than two years that are not relatives:

Reference 1.

Name: _____ .

Address: _____ .

City: _____ **State:** _____ **Zip:** _____ .

Phone: _____ .

Reference 2.

Name: _____ .

Address: _____ .

City: _____ **State:** _____ **Zip:** _____ .

Phone: _____ .

Please Upload digital/scanned copy of your ID

Please upload picture of your backyard