

Send completed applications to:
Michigan Standard Poodle Rescue
P.O. Box 1882
Bay City, MI 48707
bmw4now@aol.com



ADOPTION APPLICATION

ABOUT YOU :

Adoption/fostering limited to those residing in the state of Michigan.

Your full name: _____ Age: _____
Spouse or partner's name: _____ Age: _____
Home address: _____ City: _____ Zip: _____
Email Address: _____ Work phone: _____
Home Phone: _____ Cell Phone: _____
Your place of employment: _____
Your spouse's place of employment: _____
Do either of your jobs require travel? ☐ Yes ☐ No

ABOUT YOUR HOME:

Please complete this section for the household in which your dog will reside.

1. Type of residence
☐ House ☐ Condo/Townhouse ☐ Trailer Home ☐ Dormitory ☐ Apartment ☐ Other: _____
2. If you are a renter or live in a condo, does your landlord/association allow dogs? ☐ Yes ☐ No
Name of Landlord or Condo Association: _____
Phone number: _____
3. How long have you lived at this address: _____
 - 3a. Any plans to move in the next few years? ☐ Yes ☐ No
 - 3b. How many times have you moved in the past five years? _____
 - 3c. What would you do if you moved to a residence where dogs are not permitted? _____
4. Describe your yard: ☐ No yard ☐ Unfenced yard ☐ Partially fenced yard ☐ Completely fenced yard
 - 4a. Height of fence _____
 - 4b. Made of: ☐ Wood ☐ Chain Link ☐ Brick ☐ Other
5. If you do not have a fence, do you agree to keep your dog on a leash at all times outside? ☐ Yes ☐ No

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ABOUT YOUR FAMILY:

1. How many adults live in this household? _____
 - 1a. How many children live in this household? _____
 - 1b. Ages of children in this in household? _____
 - 1c. Number of children who visit? _____
 - 1d. Ages of children who visit? _____
2. Are all members of your household in agreement about adopting a dog? ☐ Yes ☐ No
 - 2a. If no, who and why? _____
 - 2b. Is anyone in your home nervous or unsure around dogs? ☐ Yes ☐ No
3. For whom would you be adopting this dog? _____
4. Who will be the primary caregiver for this animal? _____
 - 4a. Who will be financially responsible for the animal? _____
5. Are you willing to have all members of your household come to meet the animal(s) in which you are interested? ☐ Yes ☐ No
6. Do any members of your household have asthma, or have allergies to dogs? ☐ Yes ☐ No
If yes, who? _____
7. For how many hours would the dog be alone during the day? _____
(please consider what time you leave for work and what time you return home)

ABOUT YOUR CURRENT PET(S):

Name	Species/Breed	Spayed/Neutered	Age	Gender	Owned How Long?	Vaccines?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. If you have a cat, does it get along with other dogs? ☐ Yes ☐ No
2. If you have a cat, is it declawed? ☐ Yes ☐ No
3. If you have a dog, does it get along with other dogs? ☐ Yes ☐ No
4. What veterinary hospital do your animals go to? _____
5. Are you experiencing any difficulties with your current pets in terms of health or behavior? ☐ Yes ☐ No
If yes, please describe: _____

PET HISTORY:

1. Have all of your family members been around dogs? ☐ Yes ☐ No
2. Have you had the experience of being primary caregiver to a dog? ☐ Yes ☐ No
3. Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it?
☐ Yes ☐ No
4. Have you ever had a pet for a short period of time and it didn't work out? ☐ Yes ☐ No
5. Have you ever had to retrieve your animal from a pound, shelter or animal control facility? ☐ Yes ☐ No
6. Have you had a dog that gave birth? ☐ Yes ☐ No

Pets owned over the past 10 years:

Name	Species/Breed	Spayed/Neutered	Owned How Long?	What Happened To Pet?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

PLANS FOR YOUR NEW PET:

1. Will the dog live: ☐ Indoors ☐ Outdoors ☐ Either Indoors or Outdoors ☐ Not Sure
2. Where will the dog be when nobody is home? ☐ Indoors ☐ Outdoors ☐ Either Indoors or Outdoors
3. Where will the dog be when all have left the house? _____
4. Longest amount of time the dog will be left alone at any given time? _____
5. Where will the dog sleep? _____
6. How often and where will you exercise the dog? _____
7. What veterinary practice do you plan to use? Name: _____
Phone: _____
8. If you adopt an animal who has not been spayed or neutered do you:
☐ Intend to have it spayed/neutered ☐ Intend to let it have puppies ☐ Not Sure
9. Are you aware that some dogs require a period of weeks or even months to adjust to their new home/environment/family/other pets? ☐ Yes ☐ No
10. Are you willing to allow for this adjustment period? ☐ Yes ☐ No
11. Are you willing to bring your pet to a veterinarian for yearly exams, and for vaccinations per your veterinarian's recommendations? ☐ Yes ☐ No
12. Are you able/willing to pay for emergency care, which could result in a bill of \$200 to \$1,000 or more?
☐ Yes ☐ No
13. Are you able/willing to pay for pet expenses including veterinary care, supplies, toys, boarding/pet sitting, grooming, food, etc.? ☐ Yes ☐ No
14. Are you able to commit to providing a home for a dog for the life of the dog? ☐ Yes ☐ No
15. What circumstances might justify giving up a dog? (check all that apply)
☐ Baby ☐ Moving ☐ Shedding ☐ Want to travel ☐ None ☐ Other _____
16. If your dog exhibits behavioral or adjustment issues, would you be willing to seek the advice of a MSPR representative? ☐ Yes ☐ No
74. Would you be willing to pay for obedience or behavioral sessions? ☐ Yes ☐ No

PREFERENCES:

1. I prefer a dog that is: ☐ Small ☐ Medium ☐ Large ☐ Any size
1a. With energy level: ☐ High ☐ Medium ☐ Low
2. Reasons for adopting: ☐ Companionship ☐ Watch dog ☐ Other
3. I prefer a dog who is (check all that apply):

<input type="checkbox"/> Senior	<input type="checkbox"/> Puppy	<input type="checkbox"/> Very active/energetic
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Hypoallergenic
<input type="checkbox"/> Indoor only	<input type="checkbox"/> Indoor/outdoor	<input type="checkbox"/> Mainly an outdoor dog
<input type="checkbox"/> Mellow/quiet	<input type="checkbox"/> Lap dog	<input type="checkbox"/> Likely to be housetrained

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4. When it comes to relating to dogs, I consider myself:
- ☐ Strict, demanding, a strong leader (dog must sit for a cookie and follow my rules)
- ☐ Lenient, a little wishy washy, easily coerced by the dog (the dog looks cute so he gets a treat without sitting, can jump on the couch uninvited)
- ☐ Somewhere in between
5. My ideal dog would: _____
6. Bad doggie habits I cannot tolerate: _____
7. Please share with us anything you would like for us to know about the new dog that you would like to add to your family: _____
8. Do you have any experience with dogs rescued from puppy mills? ☐ Yes ☐ No
- 9a. If yes, please explain _____
9. We deal primarily with Standard Poodles, do you have experience with this breed? ☐ Yes ☐ No
- 10a. If yes, please explain _____
- _____
10. Would you be willing to have an in-home visit by a MSPR representative both before and after you have adopted from us? ☐ Yes ☐ No

Please provide three personal references:

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please sign and date:

THANK YOU!
MSPR