WELCOME

Seeking a permanent, loving, responsible home for all companion animals.

Adoption Checklist:

☐ Have your landlord’s permission to bring an animal onto his/her property.

☐ Be at least 18 years of age and have verifiable identification.

☐ Have the consent of all adults in your household.

☐ Complete this application and discuss it with an Adoption Counselor.

☐ Understand that this is an adoption, not a sale. MAAC reserves the right to postpone or refuse an adoption.

☐ Be sure that you are financially able to provide for the animal’s needs. This includes food, supplies, licenses and veterinary care.

☐ Be certain that you have adequate time to spend with your new pet, including time for training, exercise and grooming.

So that we may be assured that the dog or cat that you wish to adopt is best suited to you, your home and your lifestyle, and is placed in an environment that is compatible with his/her needs, we ask that you complete this application.

MaxFund Animal Adoption Center

For you to adopt an animal, we need you to...

THANK YOU

MaxFund Animal Adoption Center • 1025 Galapago Street • Denver, Colorado 80204-3942
Phone (303) 595-4917 • Fax (303) 595-0192 • Wellness Clinic (303) 595-0532
People/Animal Companion Profile

Welcome to the MaxFund Animal Adoption Center! This application is designed to help us help you make the best possible choice - the right home for each animal and the right animal for your home. Please reply to the following questions carefully and completely.

Incomplete Applications CANNOT BE PROCESSED

I Want to Adopt: □ Dog □ Cat □ Puppy □ Kitten

Household Information

Name __________________________ Email Address __________________________

Driver’s License #: __________________________ Other Identification: __________________________

City __________________________ State __________ Zip __________

Home Phone (____) ______ Work Phone (____) ______

Housing: Own __________ Rent __________ Live w/Parent __________ House __________ Condo __________ Apt __________ Mobile __________

*Landlord Name __________________________ Phone # __________________________

Length of time at this address __________________________

Others living in household (include ages of children): __________________________

• Personal Reference #1 __________________________ Daytime Phone # __________________________

Comments: __________________________

• Personal Reference #2 __________________________ Daytime Phone # __________________________

Comments: __________________________

• Personal Reference #3 __________________________ Daytime Phone # __________________________

Comments: __________________________

Pet History

What animals do you currently own? (list below)

<table>
<thead>
<tr>
<th>Name</th>
<th>Species</th>
<th>Age</th>
<th>Sex</th>
<th>Altered?</th>
<th>Kept</th>
<th>How long have you had this animal?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td>□ In □ Out □ Both</td>
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</table>

What inoculations have your current animals had in the past year?

What animals have you owned in the past? (list below)

<table>
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<td></td>
<td>□ Yes □ No</td>
<td>□ In □ Out □ Both</td>
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What’s your experience w/dogs? □ Firsttime owner □ Have had 1 or 2 □ Knowledgeable & Experienced

What’s your experience w/cats? □ Firsttime owner □ Have had 1 or 2 □ Knowledgeable & Experienced

Please rate your household activity level: □ Grand Central Station □ Couch Potato □ Somewhere in Between
Hopes and Expectations

Please check any of the following reasons for adopting this pet:  □ Family Pet  □ Child’s Pet
□ Watchdog  □ Companion □ Hunting Dog  □ Guard Dog for Business  □ Barn Cat/Mouser
□ Companion For Other Pet  □ Other: ____________________________
Do you have a certain type of dog or cat in mind? If yes, please describe below.

What personality traits are you looking for in your companion animal?

Will an adult be at home during the day?  □ Yes  □ No  □ Part Time
Who will be responsible for taking care of your pet?
Where will the animal sleep at night?
What behavior problems have you experienced with pets in the past, and how did you resolve them?

Have you ever adopted a pet from the MaxFund Animal Adoption Center?  □ Yes  □ No
If yes, where is that pet now?
If this is a dog, what type is your fence and what is its height?
Would you object to authorized representative of the MAAC inspecting the animal and premises where the animal is being kept?  □ Yes  □ No
If you have to move, what would you do with this animal?
Have you ever relinquished a pet to a shelter?  □ Yes  □ No  □ If yes, why?

What kind of shelter did you take your pet to?
What kind of shelter would you provide for your pet?
Where will your pet sleep at night?
Under what circumstances would you consider giving up your pet? Circle all that apply: New baby, does not like family member, divorce, moving, does not like another pet, destroying furniture, behavior problems, children losing interest, not enough time to take care of, shedding fur, training/housebreaking, medical problems, aggression, other

<table>
<thead>
<tr>
<th>DOGS &amp; PUPPIES</th>
<th>CATS &amp; KITTENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the day, how long will the dog be without human companionship?</td>
<td></td>
</tr>
<tr>
<td>Where will you keep the dog during the day? (ie, indoors, in &amp; out, at work, in the yard)</td>
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</tr>
<tr>
<td>Ability to exercise dog:  □ Minimal exercise during the week, but lots of exercise on the weekends.  □ Would run 5 miles a day with me.  □ Long morning and evening walks.  □ Three 15-minute walks a day.  □ It varies; some days we can walk, other days there’s no time.</td>
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<tr>
<td>Cats are known for their long daytime naps; however, they still need exercise. How will you provide this?</td>
<td></td>
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<tr>
<td>Scratching is typical cat/kitten behavior. How will you deal with this?</td>
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*Cats lick their fur to clean themselves; this produces CAT DANDER to which many people are ALLERGIC. Have you or anyone in your household ever experienced an allergic reaction to a cat?  □ Yes  □ No  □ Unsure
Will your cat live  □ indoors  □ outdoors  □ both
Children’s ages in your home or visiting on regular basis
Adoption Follow-Up
As part of our commitment to having each adoption be a success, we will be keeping in touch with you. Please indicate the best time and place to reach you.
Time ____________________________ Phone (______) ________________________

*Please Read and Sign
I hereby release to the MaxFund Animal Adoption Center all veterinary records of any and all animals I have had or currently have.
Name of Veterinary Hospital ____________________________ Phone (______) ________________________
Name of Your Veterinarian ____________________________ Pet’s Name ____________________________

I certify that the information in this application is true and I understand that false information may void the application. I also understand that failure to comply with future requirements (e.g. vet check, licensing) and accepted standards of animal care could result in my inability to adopt other animals from the MAAC.
Signature ____________________________ Date __________

For Staff Use Only
The best match would be:
Veterinarian confirmed □ Yes □ No By ____________________________
List Checked □ Yes □ No By ____________________________
Landlord permission □ Obtained □ Denied By ____________________________
Personal References □ Favorable □ Unfavorable By ____________________________

I have reviewed the following issues with the potential adopter (please initial each as reviewed):

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<tr>
<td>□ Dog/dog &amp; dog/cat introductions</td>
<td>□ Cat/cat introductions</td>
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<tr>
<td>□ Separation anxiety</td>
<td>□ Cat/dog introductions</td>
</tr>
<tr>
<td>□ Shelter behavior vs. behavior at home</td>
<td>□ Litterbox issues</td>
</tr>
<tr>
<td>□ Housebreaking/crate training</td>
<td>□ Cats and change</td>
</tr>
<tr>
<td>□ Obedience training</td>
<td>□ Vaccinations</td>
</tr>
<tr>
<td>□ Dogs and children</td>
<td>□ Identification/lost &amp; found</td>
</tr>
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<td>□ Identification/lost &amp; found</td>
<td>□ Providing scratching surfaces</td>
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<td>□ Vaccinations</td>
<td>□ Cats and children</td>
</tr>
<tr>
<td>□ Chew toys</td>
<td>□ Declawing</td>
</tr>
<tr>
<td>□ Destructive behavior/Behavior help</td>
<td>□ Behavior help</td>
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Adoption Center approving application ____________________________ Date __________
Additional Counselors ____________________________ Date __________
Adoption finalized? □ Yes □ No By whom? ____________________________

Counselor: Attach Copy of Kennel Card to This Application

□ No Reason for rejection? ____________________________ Date __________
Rejected by whom? ____________________________ Date __________