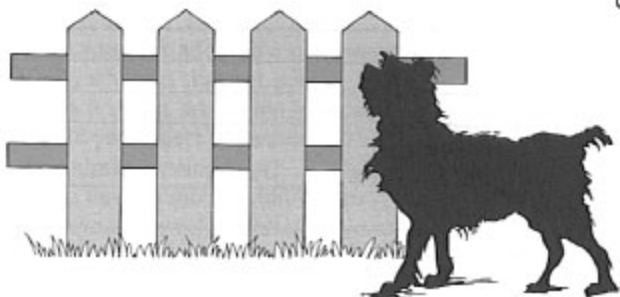


WELCOME

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



RECEIVED BY		
INITIALS	DATE	TIME
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd HOLD BEHIND		
ANIMAL'S NAME		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog		
APPLICANT'S NAME		

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...**

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.



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 a Dog Cat Puppy Kitten

Household Information

Name _____ Email Address _____

Driver's License # _____ Other Identification _____

Street Address _____

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# _____
(PERSONAL REFERENCE CANNOT BE A RELATIVE)

Comments _____

☛ Personal Reference #2 _____ Daytime Phone# _____
(PERSONAL REFERENCE CANNOT BE A RELATIVE)

Comments _____

☛ Personal Reference #3 _____ Daytime Phone# _____
(PERSONAL REFERENCE CANNOT BE A RELATIVE)

Comments _____

Pet History

What animals do you currently own? (list below)

Name _____ Name _____ Name _____

Species _____ Species _____ Species _____

Age _____ Sex _____ Age _____ Sex _____ Age _____ Sex _____

Altered? Yes No Altered? Yes No Altered? Yes No

Kept In Out Both Kept In Out Both Kept In Out Both

How long have you had this animal? _____ How long have you had this animal? _____ How long have you had this animal? _____

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

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

Name _____ Name _____ Name _____

Species _____ Species _____ Species _____

Age _____ Sex _____ Age _____ Sex _____ Age _____ Sex _____

Altered? Yes No Altered? Yes No Altered? Yes No

Kept In Out Both Kept In Out Both Kept In Out Both

How long have you had this animal? _____ How long have you had this animal? _____ How long have you had this animal? _____

What's your experience w/dogs? First-time owner Have had 1 or 2 Knowledgeable & Experienced

What's your experience w/cats? First-time 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 _____

DOGS & PUPPIES

During the day, how long will the dog be without human companionship? _____

Where will you keep the dog during the day?
(ie, indoors, in & out, at work, in the yard)

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.



CATS & KITTENS

Cats are known for their long daytime naps; however, they still need exercise. How will you provide this? _____

Scratching is typical cat/kitten behavior. How will you deal with this? _____

*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 (eg, 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):

DOGS & PUPPIES	R E Q U I R E D	CATS & KITTENS
<input type="checkbox"/> Dog/dog & dog/cat introductions		<input type="checkbox"/> Cat/cat introductions
<input type="checkbox"/> Separation anxiety		<input type="checkbox"/> Cat/dog introductions
<input type="checkbox"/> Shelter behavior vs. behavior at home		<input type="checkbox"/> Litterbox issues
<input type="checkbox"/> Housebreaking/crate training		<input type="checkbox"/> Cats and change
<input type="checkbox"/> Obedience training		<input type="checkbox"/> Vaccinations
<input type="checkbox"/> Dogs and children		<input type="checkbox"/> Identification/lost & found
<input type="checkbox"/> Identification/lost & found		<input type="checkbox"/> Providing scratching surfaces
<input type="checkbox"/> Vaccinations		<input type="checkbox"/> Cats and children
<input type="checkbox"/> Chew toys		<input type="checkbox"/> Declawing
<input type="checkbox"/> Destructive behavior/Behavior help		<input type="checkbox"/> Behavior help

Adoption Center approving application _____ Date _____

Additional Counselors _____ Date _____

Adoption finalized? Yes By whom? _____

Counselor: Attach Copy of Kennel Card to This Application

No Reason for rejection? _____

Rejected by whom? _____ Date _____