

# MARL Pet Adoption Application

This questionnaire must be completed by all persons interested in adopting a pet from our shelter. We are trying to place all our animals in permanent responsible homes and at the same time find to most suitable pet for you. By adopting you are giving permission for an authorized representative of the Mississippi Animal Rescue League to visit your home for the purpose of inspecting your adopted pet and the premises where it is being kept.

**MISSISSIPPI  
ANIMAL  
RESCUE  
LEAGUE**

601-969-1631

NAME	LAST	FIRST	M
	PHONE HOME	PHONE CELL	
ADDRESS	ADDRESS		APT#
	CITY	STATE	ZIP COUNTY
	* If Rural Route or P.O. Box please enter the road/street name		
	HOW LONG AT PRESENT ADDRESS		DRIVERS LICENSE #
EMPLOYER	NAME	DEPT	PHONE HOW LONG
	ADDRESS	CITY	STATE ZIP
SPOUSE	NAME	EMPLOYER	HOW LONG
	EMPLOYER ADDRESS	DEPT	PHONE
REFERENCES (Neighbor, Relative, or Friend)	NAME	PHONE	
	ADDRESS	CITY	STATE ZIP
	NAME	PHONE	
	ADDRESS	CITY	STATE ZIP
AGE	WHICH AGE GROUP DO YOU BELONG? UNDER 21 ___ 21-35 ___ 36-60 ___ 60+ ___		
FOR WHOM	SELF ___ FAMILY ___ OTHER HOUSEHOLD MEMBER ___ OTHER (PLEASE SPECIFY) _____		
KIND OF PET	DOG ___ PUPPY ___ CAT ___ KITTEN ___		
REASON	WATCHDOG ___ COMPANION ___ HUNTING ___ BARN CAT/MOUSER ___ BREEDING - ___ FAMILY PET ___ GUARD DOG FOR BUSINESS ___ CHILD'S PET ___ COMPANION FOR OTHER PET ___ OTHER (PLEASE SPECIFY) _____		
CURRENT RESIDENCE	DO YOU CURRENTLY LIVE IN HOUSE ___ CONDO ___ APARTMENT ___ MOBILE HOME _____		
COMPLETE ONLY IF YOU OWN	DO YOU LIVE IN A PLANNED COMMUNITY _____ MOBILE HOME PARK _____ WITHIN CITY LIMITS _____		DESCRIBE RESTRICTIONS, IF ANY WHICH APPLY TO OWNING A PET.
COMPLETE ONLY IF YOU RENT	DO YOU LEASE BY THE YEAR ___ MONTH ___ WEEK _____		DOES YOUR LEASE ALLOW PETS YES ___ NO ___ WHAT RESTRICTIONS APPLY TO PETS?
	LANDLORD'S NAME		PHONE
	ADDRESS	CITY	STATE ZIP
GENERAL	HOW MANY ADULTS IN YOUR HOUSEHOLD? ___ HOW MANY CHILDREN? ___ LIST AGES OF CHILDREN _____		
	ARE ALL THE MEMBERS OF YOUR HOUSEHOLD AWARE OF YOUR PLAN TO ADOPT A PET? YES ___ NO ___		
	IS ANY MEMBER OF YOUR FAMILY ALLERGIC TO ANIMALS? YES ___ NO ___		

## PET EXPERIENCE

DO YOU HAVE ANY DOGS AT HOME NOW? YES ___ NO ___												DO YOU HAVE ANY CATS AT HOME? YES ___ NO ___											
NAME	AGE	SEX	NEUTERED - SPAYED	INDOORS	STAYS IN FENCE	CHAINED	OUTSIDE UNCONFINED	GOES OUT ON LEASH	DATE OF LAST SHOTS	HEART WORM PREVENTION	HOW LONG OWNED	NAME	AGE	SEX	NEUTERED - SPAYED	INDOOR CAT	OUTDOOR CAT	DATE OF LAST SHOTS	LEUKEMIA VAC	HOW LONG OWNED	DECLAWED		

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<b>PET EXPERIENCE</b>				
LIST ANY OTHER PETS OTHER THAN DOGS OR CATS				
DO YO EXPECT TO MAKE CHANGES CONCERNING YOUR PRESENT PETS WHEN YOU BRING THE NEW PET HOME?				
PLEASE LIST OTHER DOGS OR CATS YOU HAVE OWNED IN THE PAST FIVE (5) YEARS AND SPECIFY WHAT HAPPENED TO THEM.				
NAME	TYPE OF ANIMAL	AGE WHEN LAST OWNED BY YOU	SPAYED OR NEUTERED	WHAT HAPPENED TO THESE PETS? PLEASE BE SPECIFIC
HAVE YOU HAD A DOG OR CAT DIE WITHIN THE PAST THREE MONTHS OF DISEASE OR UNKNOWN CAUSES? YES ___ NO ____				
WERE ANY OF YOUR PAST OR PRESENT PETS ADOPTED FROM MARL? YES ___ NO ____ IF YES, PLEASE INDICATE WHICH ONES				
WHO IS OR WILL BE YOUR VETERINARIAN?				
<b>PET CARE AND TRAINING</b>				
COMPLETE ONLY IF ADOPTION IS FOR A DOG OR PUPPY	HOW DO YOU PLAN TO HOUSEBREAK YOUR NEW DOG OR PUPPY?			
	HOW DO YOU PLAN TO HANDLE CHEWING OR OTHER DESTRUCTIVE BEHAVIOR?			
	WHAT WILL YOU DO IF YOUR NEIGHBORS COMPLAIN ABOUT YOUR DOG OR PUPPY BARKING?			
	WHAT TYPE OF HEARTWORM PREVENTION DO YOU PLAN TO USE?			
	WHAT DO YOU PLAN TO DO IF THE DOG OR PUPPY YOU ADOPT TESTS POSITIVE FOR HEARTWORM?			
COMPLETE ONLY IF ADOPTION IS FOR A CAT OR A KITTEN	HOW DO YOU PLAN TO HANDLE SCRATCHING OR OTHER DESTRUCTIVE BEHAVIOR?			
	WHAT WILL YO DO IF YOUR CAT OR KITTEN HAS AN ACCIDENT OUTSIDE OF THE LITTER BOX?			
COMPLETE FOR ANY PET	WHERE WILL YOUR PET STAY IN GENERAL? IF OUTSIDE, PLEASE DESCRIBE YARD AND SHELTER.			
	WHERE WILL YOUR PET STAY WHEN LEFT ALONE?			
	ON A TYPICAL DAY, HOW LONG WILL YOUR PET BE LEFT ALONE.			
	WHAT DO YOU PLAN TO DO WITH YOUR PET WHEN YOU GO OUT OF TOWN?			
	IF YOU SHOULD MOVE. WHAT DO YOU PLAN TO DO WITH YOUR PET?			
	HOW DO YOU PLAN TO CONTROL TICKS AND FLEAS?			
	HOW DO YOU PLAN TO TRANSPORT YOUR PET? BE SPECIFIC.			
	ARE YOU PREPARED TO ASSUME THE FINANCIAL RESPONSIBILITIES OF CARING FOR A PET INCLUDING VETERINARY CARE, FEEDING (APPROXIMATE YEARLY FINANCIAL OBLIGATIONS FOR A DOG \$250-350 FOR A CAT \$200-300) YES ___ NO ____			
	WHAT WILL YO DO IF YOU PET GETS LOST, STOLEN, OR RUNS AWAY?			
	WHAT DO YOU THINK YOU CAN DO TO HELP SOLVE THE PROBLEM OF PET OVERPOPULATION?			
	THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE			
	SIGNATURE _____ DATE _____			
FOR MARL USE ONLY	APPLICATION      APPROVED _____ DENIED        _____      ADOPTION COUNSELOR _____			