



Is there a specific dog in our rescue you are interested in?				How did you hear about us?			
Applicant 1 First Name		Applicant 1 Last Name		Applicant 2 First Name		Applicant 2 Last Name	
Applicant 1 Email			Age	Applicant 2 Email			Age
Applicant 1 Phone				Applicant 2 Phone			
Applicant 1 Employment None Self Part-Time Full-Time Retired				Applicant 2 Employment None Self Part-Time Full-Time Retired			
Address			City		State	Zip	

OTHER HOUSEHOLD MEMBERS

Name/Age	Name/Age	Name/Age
Name/Age	Name/Age	Name/Age

PET HISTORY

List your pets from the last 10 years. If no longer with you, explain why.

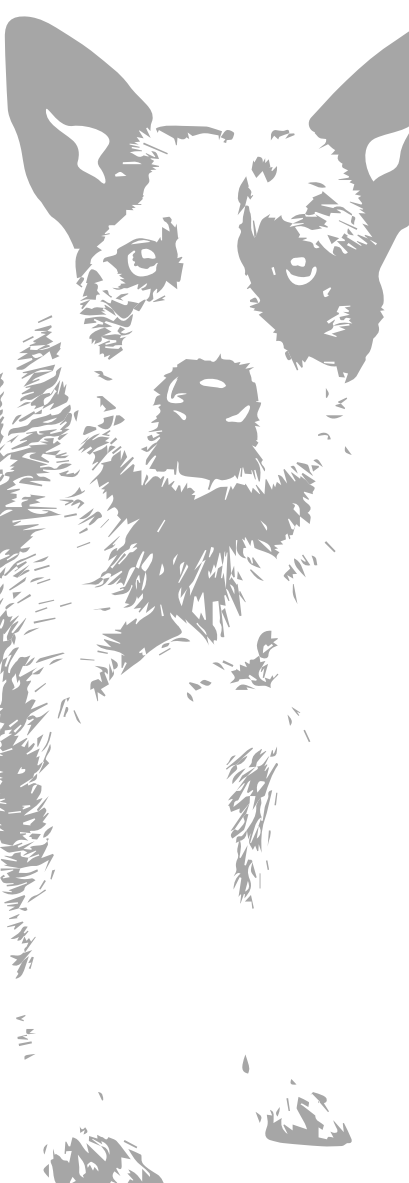
Name	Age	Type	Status	Name	Age	Type	Status
Comments				Comments			
Name	Age	Type	Status	Name	Age	Type	Status
Comments				Comments			
Name	Age	Type	Status	Name	Age	Type	Status
Comments				Comments			

PET VET REFERENCE

Call your vet and give them permission to release information to ACDRMN.

Veterinarian	Clinic Phone	Name on account
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U of M vet clinic does not like to release information – their customers need to request yearly wellness exams, vaccinations, parasite prevention, and spay/neuter records directly.



LIVESTOCK

Type/Quantity

Type/Quantity

Type/Quantity

LARGE ANIMAL VET REFERENCE

Call your vet and give them permission to release information to ACDRMN.

Veterinarian

Clinic Phone

HOUSING

Type

Landlord Name & Phone

Homeowners Association & Phone

Describe yard

If not fence, describe exercise and containment

If outdoor/farm dog, describe shelter

DOG CARE

Who will be the primary caregiver?

Average hours your dog spends alone?

When you travel, where will your dog stay?

Some dog's energy level / behaviors require crating, describe where your dog will spend time alone at home?

DOG TRAINING

Some dog's energy level / behaviors require continued training.

Will you take your dog to training?

What type of training?

Name of Trainer / School

If self-training, describe your methods

DESIRED TRAITS

Good with:

Children

Cats

Dogs

Gender

Size

Color

Age

Activity Level

Why do you think an ACD is right for you?

Any behaviors you consider unacceptable?

What life changes are you expecting in the next five years that would affect your ability to care for this dog?

PERSONAL REFERENCES

Call your references to let them know we will be contacting them. Only one may be a family member.

Name & Phone

Name & Phone

Name & Phone

POTENTIAL ADOPTER

By submitting this application electronically, I am attesting that I completed this application, and that the information I have provided on this application is true and complete. I understand that any misstatement, omission, falsification, or misrepresentation in this application may delay the process, and/or may disqualify me from adopting a dog, and/or may result in the termination of an Adoption Agreement if one is signed. I am 18 years of age or older. I agree to allow a home visit by a ACDRMN Representative to confirm the safety of the environment that the adopted dog would be living in. I have read and fully understand the above statements and conditions of adoption.

Name

Date