

Homeward Bound Schnauzer Rescue PO Box 633 Millersville MD 21108

hbschnauzerrescue@gmail.com

ADOPTION APPLICATION

Name						Your approximate age range					
						18-29	30-49	50-65	66-74	75+	
Street Address Unit/Apt.#											
City, State				Zip C	Code	Email					
Home Phone Cell Pho			one		Work I	Phone					
Do you rent? F	Please exp	ain any Landlord/Management/HOA pet restrictions:									
Yes No											
Co Applicant					Approximate age range						
						18-29	30-49	50-65	66-74	75+	
# of adults in household # of children					n and ages in hou	isehold					
Have you ever owr	ned a pet?	Му	new dog v	vill ge	t exerci	se by					
Voc. No.		running in the fenced yard inside walking on Lease dog park							playing		
Yes No											
other (please explain) Please list ALL PAST AND CURRENT pets below. Use the back if you need more space.											
Pet's Name		ed (Cat/	How lo			Outcome (died/li			Was anii	mal	
						Please provide outcome details.			spayed/	spayed/neutered? (yes/no)	
Have you ever bee	n issued a	n Animal C	ontrol citat	ion? If	yes plea	se explain					
Yes No											
Why are you adopting a schnauzer?											
Name and address of your veterinarian:											
Where will the ani	mal spend	most of its	time wher	you <u>a</u>	i re not h	ome?					

Where will the animal spend most of its time when you <u>are</u> home?									
Please provide 2 personal references. Please do not use relatives.									
Reference #1 Name		Address							
Phone	Email		Relationship						
Reference #2 Name		Address							
Phone	Email		Relationship						
Please realize that dogs need vet care throughout their lives, including yearly vaccinations, heartworm and flea/tick preventative meds, etc. By submitting this application you are acknowledging that you understand this. I have read the questions above. I certify my information is complete and true, and I understand any false information may void this application. I authorize HBSR to verify the information provided and contact the references listed above. I also understand that HBSR reserves the right to deny my application.									
Print Name		Date							