



MUTTS UP, INC.  
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San Francisco CA 94114  
(415) 654-6090  
muttsup@icloud.com

## ADOPTION APPLICATION

Mutts Up is pleased that you are interested in adopting one of our Mutts. We want to provide you with every opportunity and make your adoption application experience a pleasant one. What you are about to do can be one of the most rewarding experiences of a lifetime. All of us at Mutts Up want to thank you for your interest.

Please complete the adoption application to begin the approval process. Upon receipt, Mutts Up, Inc. will review your application. A Mutts Up authorized representative will contact you for a brief phone interview. After an application is approved a home visit is done. Please allow us several days to review this application and contact your references.

Please answer all questions. If one does not apply, answer with n/a.

Should you have any questions or issues completing this form, Please feel free to contact us at 415-654-6090.

1. Name of Applicant and Co-Applicant(s) \_\_\_\_\_

\_\_\_\_\_

2. Street Address of Home: \_\_\_\_\_

3. City/State/Zip Code : \_\_\_\_\_

4. Phone Numbers for Applicant(s):

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Should we need to follow up with any questions we may have after our initial phone interview, what is the preferred method of contact? (Please circle one)

Home Phone      Work Phone      Cell Phone      Other Phone      Email

7. Your Occupation: \_\_\_\_\_

7a. Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

8. **ARE YOU 21 YEARS OF AGE OR OLDER?**      No      Yes

9.. Type of home you and the dog would reside in?: (Please circle one)

House      Condo/Townhouse      Apartment      Other: \_\_\_\_\_

9a. Do you rent or own?: \_\_\_\_\_

9b. If your renting or are a roommate of the home owner, please provide the landlord's or owner's name and phone number. You must have approval to have a dog from your landlord, rental agency or home owner. We also need to know if there are any restrictions, such as size or breed of dog, etc. Please provide the information so that we may contact them.

Name of Landlord/Owner/Roommate/Rental Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

10. Do You Have A Fenced Yard?      Yes      No

10a. If you answered "yes" Please indicate type (wood, chain link, etc) and height of fence: \_\_\_\_\_

11. Do you have a swimming pool, fountains, spas or other bodies of open water?:

YES      NO

12. Personal References: Please provide contact information for 3 personal references (someone that knows you and can provide insight on your character, how you feel about pets, how you care for pets, etc). These references cannot live in your home with you.

Please contact your references and let them know that someone from our organization will be contacting them. Please ask them to return our calls if we leave a message.

12a: (1) Personal Reference:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

12b: (2) Personal Reference:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

12c. (3) Personal Reference:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

13. Veterinary Reference: (if you currently own or have owned a dog or cat within the past 5 years, We need to verify the vaccination and spay/neuter status of current or recent pets.)

13a. Name of Veterinarian or Clinic: \_\_\_\_\_

13b. Please list the name of the individual(s) under which veterinary records may be found: \_\_\_\_\_

13c. Address/Phone Number of Veterinarian or Clinic: \_\_\_\_\_

\_\_\_\_\_

14. Number of people living in the home: (count yourself): \_\_\_\_\_

15. Number of people living in the house under the age of 18 years old?:

(count yourself): \_\_\_\_\_

15a. **IF CHILDREN UNDER 18**, Please list their names and ages: \_\_\_\_\_

\_\_\_\_\_

16. Does anyone living in the home have pet allergies?: YES NO

17. Are all members in your home in favor of adopting a dog?: YES NO

16a. If NO, Please provide reason: \_\_\_\_\_

\_\_\_\_\_

18. Please tell us why you want to adopt this dog from us?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Please list any size or breed preferences and the qualities in a dog that would be best suited for your home: \_\_\_\_\_

\_\_\_\_\_

20. Do you have pets living in your home now? Please check all that apply:

NO current pets: \_\_\_\_\_

YES, dog(s) living in home: \_\_\_\_\_ Number of Dogs: \_\_\_\_\_

Please indicate Breeds, Ages and Sex: \_\_\_\_\_

YES, cat(s) living in home: \_\_\_\_\_ Number of Cats: \_\_\_\_\_

Please indicate Breeds, Ages and Sex: \_\_\_\_\_

YES, other pet(s) living in home: \_\_\_\_\_ Type of pet: \_\_\_\_\_

21. Are all of your pets current on vaccinations?: YES NO

21a. If NO, Please explain why: \_\_\_\_\_

\_\_\_\_\_

22. Are all of your dogs and/or cats SPAYED OR NEUTERED? YES NO

22a. If NO, please explain why: \_\_\_\_\_

\_\_\_\_\_

23. If there are other dog(s) or cat(s) living with you, how do they react to other dogs?: \_\_\_\_\_

\_\_\_\_\_

24. Have you ever given away, sold, abandoned, surrendered or had to have a pet euthanized?:

YES NO

24a. IF "Yes", Please tell us why: \_\_\_\_\_

\_\_\_\_\_

25. Has a pet ever gone missing, been killed or injured while in your care?: YES NO

25a. If yes, Please explain what happened: \_\_\_\_\_

\_\_\_\_\_

26. What would you do if your dog chews belongings or shows other destructive behaviors?  
What actions would you take to correct the behaviors?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Where will your dog be when everyone has left the house?:  
(Check the option that best applies. You will be able to comment further in the next question.)

Loose in house when comfortable in our home: \_\_\_\_\_ In crate or kennel: \_\_\_\_\_

In garage: \_\_\_\_\_ Outside: \_\_\_\_\_ Other: \_\_\_\_\_

27a. Further explanation to question 29 if necessary: \_\_\_\_\_

\_\_\_\_\_

28. Is your home equipped with pet door(s)?: YES NO

28a. If yes, please explain where access leads, (ie. Yard, Garage, Patio): \_\_\_\_\_

29. Where will your dog dog sleep? (Please check one)

Inside the home: \_\_\_\_\_ Inside the home in crate/kennel: \_\_\_\_\_

Garage: \_\_\_\_\_ Outside: \_\_\_\_\_ Other: \_\_\_\_\_

30. What type of exercise and how often will your foster dog be exercised?: \_\_\_\_\_

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31. Are you willing to work with your dog or attend training classes to correct any behavioral issues the dog may have? YES NO

32. If you have existing pets in the home, how long do you think it will take for your existing pets and your new dog to acclimate to each other?: \_\_\_\_\_

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33. Do you acknowledge that behaviors can develop between newly introduced dogs and existing pets? And do you agree to make necessary efforts to ease negative behaviors, providing care and guidance as needed or contact Mutts Up for assistance?

YES NO

**(NOTE: Small disagreements are expected and typical behavior when a new dog is brought into a home where a dog or cat is already living. There can be fear and anxiety and you must be willing to work with your new dog during the transition time (which can be anywhere from days, to weeks, to months) until the dog is comfortable in your home. With time you'll be able to see your dog's true personality.)**

34. Will you contact Mutts Up as soon as possible if your are experiencing behavioral issues or negative situations with your new dog and need assistance? (House-breaking, chewing, issues with people, etc?) YES NO

35. Are you familiar with crate training? YES NO

36. Are you willing to crate train your new dog? YES NO

**(NOTE: MUTTS UP will provide instructions on crate training to anyone interested in learning.)**

37. Do you agree to contact us immediately if you can no longer provide care for your adopted Mutts Up dog?

YES NO

38. Are you willing to have a Mutts Up authorized representative come to your home to conduct a home site inspection and visit? YES NO

39. Are you willing to have a non-Mutts Up authorized representative from a collaborating Rescue organization come to your home to conduct a homesite inspection and visit?

YES NO

(Note: Distance from our service area becomes a factor in whether or not the required home visit can be completed by Mutts Up, Inc.. Although we do have volunteer contacts in many areas, in some areas it may be difficult for Mutts Up to locate a collaborating rescue organization to conduct the required home visit. In some cases we have to deny applications because we are unsuccessful in locating a rescue organization to do the required homesite inspection.)

**I HAVE ANSWERED ALL QUESTIONS AND PROVIDED ALL NEEDED REFERENCES TRUTHFULLY AND HONESTLY TO THE BEST OF MY KNOWLEDGE. I WILL DO MY BEST TO COMPLY WITH MUTTS UP, INC., ADOPTION REQUIREMENTS, WHICH INCLUDE PROVIDING A LOVING AND SAFE ENVIRONMENT FOR MY ADOPTED DOG.**

**BY SIGNING MY NAME TO THIS APPLICATION, I HEREBY APPROVE MUTTS UP, INC., TO BEGIN THE ADOPTION APPLICATION APPROVAL PROCESS. I ALSO HERBY AGREE AND GIVE MY PERMISSION TO MUTTS UP, INC., TO CONTACT THE PARTIES I HAVE PROVIDED ON THIS APPLICATION FOR REFERENCE PURPOSES ONLY.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

How did you hear about Mutts Up?: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_ Mutts Up Reviewer: \_\_\_\_\_

Reviewers Notes: \_\_\_\_\_

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