



Maine Coast Animal Rescue c/o Blake Veterinary Hospital  
 P.O. box 670 • lincolnvil beach, Maine 04849  
 (207)789-5700 email: [blakevet@hotmail.com](mailto:blakevet@hotmail.com)  
 Website: [www.blakevet.com](http://www.blakevet.com)

**CANINE Foster/Adoption Application**      Name of CANINE you are applying to adopt \_\_\_\_\_

Applicant's name \_\_\_\_\_ Date \_\_\_\_\_

Name of Spouse or other adult(s) living in the home \_\_\_\_\_

Physical address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ years      \_\_\_\_\_ months

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

In helping us decide if you and the animal you have chosen are well suited for one another, please answer the following questions truthfully and to the best of your ability. If follow-up investigations after you have adopted an animal from MCAR INDICATES THAT ANY OF YOUR ANSWERS WERE FALSE, YOU MAY HAVE TO SURRENDER THE ANIMAL BACK TO US, AS WELL AS PAY OUR COSTS OF ENFORCING THE TERMS OF THE ADOPTION CONTRACT.

1. Name of employer \_\_\_\_\_

2. Do you own your own home?      YES      NO

3. Do you rent?      YES      NO

Landlord's name \_\_\_\_\_

Landlord's phone number \_\_\_\_\_

4. Do you currently own any pets?      YES      NO

If yes, please list type(s) and ages \_\_\_\_\_

Please list animal's names: \_\_\_\_\_

Who is your veterinarian now? \_\_\_\_\_

5. Have you ever owned pets in the past?      YES      NO

If yes, please list type and explain what happened to them. \_\_\_\_\_

\_\_\_\_\_

Please list animal's names \_\_\_\_\_

Who was your veterinarian in the past? \_\_\_\_\_

6. For what purpose do you want to adopt this dog?      Circle all that apply:

COMPANION	WATCH DOG	BREEDING	HUNTING DOG	GUARD DOG
FAMILY PET	CHILD'S PET	COMPANION	FOR OTHER PET	OTHER _____

7. How many hours a day will the dog be left alone? \_\_\_\_\_

8. Will the dog be an?      INSIDE PET      OUTSIDE PET      INSIDE & OUTSIDE PET

9. What type of shelter will be available if the dog will be outside? \_\_\_\_\_

10. Where will the dog be at night? \_\_\_\_\_

11. Is any member of your household allergic to dogs? YES NO
12. How many children are living in the home? \_\_\_\_\_ Ages? \_\_\_\_\_
13. Who will be responsible for the care of the dog? \_\_\_\_\_
14. What do you plan on doing with the dog if you have to move? \_\_\_\_\_
15. What will you do with the dog when you go on vacation? \_\_\_\_\_
16. If you do not have a veterinarian, what veterinarian will you be setting up an account with? \_\_\_\_\_
17. Have you adopted or applied to adopt from a shelter before? YES NO  
 If YES, shelter name \_\_\_\_\_ Location \_\_\_\_\_  
 How did you learn about our shelter? \_\_\_\_\_
18. After you have adopted a dog, will you allow a representative from MCAR to visit your home and inspect the animal and His/Her facilities? YES NO  
 If NO, why not? \_\_\_\_\_
19. REFERENCES:  
 May we call your veterinarian for a reference? YES NO Phone number? \_\_\_\_\_  
 PERSONAL REFERENCE #1 (NOT related) \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 PERSONAL REFERENCE #2 (NOT related) \_\_\_\_\_  
 Phone number \_\_\_\_\_
20. Are you prepared to manage the cost and care involved in keeping this companion, no matter what medical condition(s) may arise in the future? YES NO
21. If you find that you cannot afford to keep this pet, are you willing to relinquish the pet back to MCAR to receive the Medical care it may need? YES NO

When dogs are outside for an extended period of time, they must be sheltered from inclement weather, including prolonged exposure to cold, heat, and direct sunlight. They should never be allowed to run loose, for their own safety and that of the community.

By signing below you are committing to check-ups, which include DISTEMPER, RABIES and annual HEARTWORM test before mosquito season (as well as preventative) and/or vaccinations required by your veterinarian. You are committing to registering your dog at your town of residence. Please take notice when rabies and other vaccinations are due.

**If you are unable to keep this pet PLEASE inform us first and we will do our best to see that it gets a good home.**

Signature of applicant (must be 18 or older) \_\_\_\_\_

Printed name of applicant \_\_\_\_\_

For OFFICE use only:

**APPLICATION REFERENCE CHECKS**

**LANDLORD REFERENCE:**                      **DATE** \_\_\_\_\_                      **EMPLOYEE INITIALS** \_\_\_\_\_  
**NAME** \_\_\_\_\_                      **PHONE #** \_\_\_\_\_

**VETERINARY REFERENCE:**                      **DATE** \_\_\_\_\_                      **EMPLOYEE INITIALS** \_\_\_\_\_  
**NAME** \_\_\_\_\_                      **PHONE #** \_\_\_\_\_

**PERSONAL REFERENCE #1:**                      **DATE** \_\_\_\_\_                      **EMPLOYEE INITIALS** \_\_\_\_\_  
**NAME** \_\_\_\_\_                      **PHONE #** \_\_\_\_\_

**PERSONAL REFERENCE #2:**                      **DATE** \_\_\_\_\_                      **EMPLOYEE INITIALS** \_\_\_\_\_  
**NAME** \_\_\_\_\_                      **PHONE #** \_\_\_\_\_

**EMPLOYEE RECOMMENDATIONS/COMMENTS:**

**APPROVED** \_\_\_\_\_    **DENIED** \_\_\_\_\_    **EMPLOYEE INITIALS** \_\_\_\_\_    **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_