

Maltese Brighten Your Life



American Maltese Association Rescue

A 501(c)(3) Non-Profit Organization

We are affiliated with The American Maltese Association

Adoption Application

Personal Information:

Your Name and Co-Applicant's name _____

Address: _____

City, State, Zipcode: _____

Phone Numbers: Home _____ Work _____ Cell _____

E-Mail address: _____ Best time to reach you: _____

Your Occupation/Work Place: _____

Household members, and their ages (**including your own**): _____

Do you have children other than those living at home, or grandchildren that would be visiting frequently? _____

Briefly tell us why you want to adopt a Maltese: _____

Housing:

Do you Rent _____ Own _____

Single Family home _____ Town home/Condo _____ Apartment _____

Do you have a Fenced in yard? Yes _____ No _____ If yes, describe the type of fence _____

If No, how will the dog get exercise or relieve itself? _____

Does your home have a swimming pool? Yes _____ No _____ Is it fenced? Yes _____ No _____

Do you have restrictions regarding pets in your association or neighborhood? Yes _____ No _____ Don't know _____

Preferences:

Briefly describe the dog you would like: Age, gender, personality etc. _____

Is there a particular dog we have up for adoption that you are interested in? Yes _____ No _____

If yes, which dog? _____

Are you willing to adopt a dog that may have experienced some form of abuse or neglect that **might** require extra patience and training to get over some shyness and/or fears?

Yes____ No____ I'd like more information_____

Are you willing to adopt a dog that has special medical needs and might require a special diet, medications (a pill, eye or ear drops) etc.?

Yes____ No____ I'd like more information _____

Are you willing to consider a Maltese Mix? Yes_____ No_____

Have you ever owned a Maltese before? Yes_____ No_____

Care and Responsibility

Describe your experience grooming a small dog._____

How will the grooming needs of the Maltese be met?_____

Can you commit to providing all necessary medical care for this dog for its lifetime? Yes____ No____

What provisions would you make for this dog if you were unable to care for it any longer? _____

How many hours would your dog be left alone each day: _____

Where will your dog be kept during the hours it is left alone?_____

Where will your Maltese sleep at night?_____

How long will your Maltese be left outside? _____

Who will have primary responsibility for caring for the dog? _____

Does anyone in your home have allergies? Yes ____ No _____

Are you willing to re-housetrain your Maltese during the transition period in your home? Yes_____ No_____

We cannot guarantee a dog is 100% housetrained. Most have begun housetraining in their foster homes; however, ALL dogs will have to be re-trained to some extent at their adoptive homes, due to a new sleeping and feeding routine. This not just for rescue dogs, ANY dog going to a new home will have to be re-trained at least to some extent!

Describe your previous experience training a dog?

Who will take care of your dog when you are out of town or on vacation?

History of Pet Ownership

What dogs do you **currently** have? (please include name of dog, breed, gender, whether spayed or neutered, age, how long owned, and where kept)—what year did you get them?

1. _____

2. _____

3. _____

Do you have any other pets? Yes _____ No _____ If yes, please describe:

1. _____

2. _____

Please list all the dogs **you have had in the past** & explain what happened to them

Please include name of dog, breed, gender, whether spayed/neutered, age, how long owned (the years in which you owned them), & what happened to them:

1. _____

2. _____

3. _____

References:

Please provide references, to include your **Veterinarian, Groomer** if you have one, and a Personal reference. If you rent, you **must** include your landlord as a 4th reference. Please contact your references to let them know you have listed them as a reference.

Veterinarian/Clinic: Best time to call is: _____

Name: _____

Address: _____

Phone: _____

Groomer: Best time to call is: _____

Name: _____

Address: _____

Phone: _____

Personal reference: Best time to call is: _____

Name: _____

Address: _____

Phone: _____

How does this reference know you? _____

Landlord: Best time to call is: _____

Name: _____

Address: _____

Phone: _____

Please complete this form, print it and mail to:

Edie Gobbi

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