

Lisa Henderson - E-Mail – Info@FloridaMalamuteRescue.org

Please E-mail completed Application to the above contacts

Name:

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Address:

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City, State, Zip:

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Phone number:

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E-mail address:

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Number of persons in your household: \_\_\_ One \_\_\_ Two \_\_\_ Three or more

Children? \_\_\_ Yes \_\_\_ No. If yes, what are their ages? \_\_\_\_\_

Your Home

Do you rent or own? \_\_\_ Own \_\_\_ Rent

Does your lease/homeowners association restrict ownership of pets? \_\_\_ Yes \_\_\_ No

Is your yard fenced? \_\_\_ Yes \_\_\_ No

References

Please provide the names and telephone numbers of three references including your veterinarian and landlord (if

applicable.) Other references could include a friend, neighbor, employer, relative.

Name Address Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Care and Responsibility

Are you prepared to make a commitment to care for this dog for the next 10-15 years?

\_\_\_ Yes \_\_\_ No \_\_\_ Don't know

Are you prepared to commit to find a home where you can keep this dog if/when you move during the next 10-20

years? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don't know

Are you financially prepared to deal with the cost of both routine (vaccinations, annual examination, dental cleanings, heartworm treatment, etc.) and non-routine/emergency veterinary care of this dog?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don't know

Approximately how many hours a day will the dog be alone? \_\_ 1-3 hrs \_\_ 4-6 hrs \_\_ Don't know

Where will the pet spend the day? \_\_\_\_ Loose in the house \_\_\_\_ Confined certain rooms \_\_\_\_ Confined to a room

Where will the dog sleep?

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Who will have primary responsibility for the care of the dog?

May we call your vet for a reference?

Vet or Vet Clinic's

name: \_\_\_\_\_

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

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

Did you know that every rescue dog is spayed/neutered before adoption? Y/N

Did you know that the rescue dog must be on heartworm prevention? Y/N

Did you know that the rescue dog must have an annual vet visit to include: Rabies, booster shots, examination and heartworm test? Y/N

Describe your experience with Alaskan Malamutes:

What do you like least about Alaskan Malamutes?

Why do you wish to adopt an Alaskan Malamute? Companionship Obedience Sledding Therapy Agility

What sex do you prefer: \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Doesn't matter

What age range? (If you must have a puppy less than 6 months of age, we recommend you contact a responsible breeder)

\_\_\_ Puppy (6-12 months) \_\_\_ Young adult (1-3 years) \_\_\_ Adult (4-7 years) \_\_\_ Senior (8+ yrs)

Misc:

What would you do if your dog got lost?

Where is the nearest animal shelter?

What will you do if the dog "marks" in the house?

Will you buy and use a crate?

History of Pet Ownership

What animals currently live in your household? ( Please list type of animal/reptile, sex, age, and how long you have owned them)

Are these pets inside or outside? (Please explain)

What pets have you had in the past? (Please list type of animal, how long owned and what happened to the pet).

Which dog would you like to adopt and why?

All of the information that I have provided above is true and complete to the best of my knowledge. Should a dog be placed with me, it will reside in my home as a pet. I agree to provide the dog with adequate food, water, shelter, affection and medical care.

How would you like us to contact you? \_\_\_ via e-mail \_\_\_ call during the day \_\_\_ call during the evening

Signature of Applicant: \_\_\_\_\_ Date of application: