

Last Name:	First Name:
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Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc.

P.O. Box 34034, Bethesda, MD 20827

Phone: 301-881-1221 Fax: 301-770-2731

Email: peirescue@macspro.org Web: <http://www.macspro.org>

Please sign and date this form and mail, fax or email it: Attention: Joyce Hanes

Adoption Application Form

Personal Information		
First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Home Phone: <i>(Include area code)</i>	Work Phone: <i>(Include area code)</i>	
Home E-mail:	Place of Employment:	Occupation/Position:
Vet Information:		
Vet's Name:	Phone <i>(Include area code)</i> :	
Address:		
City:	State:	Zip Code:
Family Information:		
Adults Living in Household <i>(please include number and ages)</i> :		
Children Living in Household <i>(please include number and ages)</i> :		
Pets Currently Living in Household <i>(please include number and type)</i> :		
Pets(s) Names:		
Are your dogs/cats up to date on vaccines?	Are your dogs/cats spayed/neutered?	
If not, why not?		
Home Situation (Own/Rent/Live with parents): <i>(If renting, attach letter from landlord indicating pets are allowed)</i>	How many years at current residence:	
Do you live in (House/Townhouse/Apt/Duplex/Condo/Mobile Home)?		

Do you have a fenced yard?	Type of fence and height:	
Average number of hours a day someone is home:	Do you work FT/PT?	
How many hours will this dog be alone per day?		
Where will this dog be kept during the day?		
Where will the dog sleep at night?		
How will the dog be confined while outdoors?		
Do you plan to tie or chain the dog out at anytime? If so, please explain:		
If you go away for a few days, who will care for the dog?		
Are you willing to take care of this dog for the rest of his life (next 10 to 20 years)?		
Why do you want to adopt this animal?		
Companion:	Guard Dog:	Gift: For Children: Other:
Who will be responsible for this animal?		
Are you willing to give this dog time to adapt to his new environment and family members (at least 30		
Do you understand this animal may not be housebroken and are you willing to take the time to work with the animal?		
Have you ever given up an animal before, and if so, why?		
Previous experience with Shar-Pei:		
Are you interested in any particular Shar-Pei on the "Available" list? (Include ID number)		
Do You Have a Shar-Pei Preference?		
Sex:	Color:	Coat: Mouth:
Two References (Not Related):		
Name:	Phone:	E-mail:
Name:	Phone:	E-mail:
How did you hear about MACSPRO? (please be specific)		
<p>Are you interested in joining the Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc.? <i>As a member of the Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc., you will receive our quarterly newsletter and support from our staff for any problem or question you may have about your Chinese Shar-Pei. A nominal membership fee is due.</i></p> <p>A \$350 DONATION IS REQUIRED IF AN ADOPTION IS COMPLETED. <i>Our adoption fee includes a thorough medical examination, including testing and treatment if required for Heartworm, Lyme, Ehrlichia and Anaplasmosis, all shots, spay/neuter, chipping, Entropion surgery if needed, and any other medical care as needed. This is a bargain. Our average costs per dog is \$875.00! An average spay for a female dog is \$250.00 and the yearly shots can easily cost \$150-\$300 depending on which vet you use. So you a getting a great bargain, plus adopting a great dog and helping MACSPRO</i></p>		

Placing our Shar-Pei in new homes is a responsibility we take very seriously. We reserve the right to refuse the adoption of an animal to a home that does not meet the standards of the Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc.. This includes the right to investigate new homes before and after an adoption is made, and remove the animal if it is not receiving proper care or has been mistreated. We request that you take into consideration the cost of food and health care as well as the time you have available to spend with your new companion. Consider the needs of the animal as well as your own. If you cannot provide a lifetime home for a pet, do not adopt one.

Initial your approval here _____

I certify the above to be true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____