



STANDARD SCHNAUZER CLUB of NORTHERN CALIFORNIA Adoption Application

Date Received by SSCNC:

Contact Information for You

Name: _____

Home Telephone: (Area Code + Seven) _____ Best time to Call: _____

Secondary Contact Telephone: _____ **Type:** (W) (CL) (Oth)

E-mail address: _____

Address:

| | | |
|--|--|--|
| | | |
|--|--|--|

City

State

Zip Code (5+4)

Describe Your Residence

HOUSE

CONDO / TOWN HOME

APARTMENT / OTHER

(circle one)

Do You: **Rent / Own** (circle one) How long have you lived there? _____ (# Years)

Are you planning to move in the near future? : **YES NO** (circle one)

If you are renting, does your lease permit dogs: **YES NO** (circle one)

Do you have homeowners or renters' insurance: **YES NO** (Circle one)

Have you reviewed your policy for pet ownership: **YES NO** (Circle one)

Have you reviewed your policy for Breed or Size Restrictions: **YES NO** (Circle one)

Insurance - you will be required to show proof of insurance prior to placement of the dog

If Renting - a copy of your Rental Agreement or Letter from your Landlord approving an animal in the residence is required prior to placement

CC&Rs for Condo and Townhome associations often limit the size of the dog - have you verified that your CC&Rs permit a dog over 25lbs? **YES NO** (circle one)

What will you do with the dog if you move?

Please comment below

Health / Safety of the Dog

SAFETY

☐ **YES**, I have a fenced area as described below:

o TYPE: _____

o SURROUNDS YARD / HOUSE: _____

o SELECT AREAS ARE ENCLOSED: _____

o HEIGHT: _____

☐ **NO**, I do NOT have a fenced area but plan to:

☐ Build an Enclosed Kennel on the Property

☐ Install Electronic Fencing

☐ Provide Temporary Fenced area

☐ Build a Fence (Type / Height _____) (describe)

Proof of enclosure or fencing (photo or inspection) will be confirmed prior to placement

HEALTH

Do you currently have a veterinarian: **YES NO**

If **NO**, how will you choose one? _____

If **YES**, please provide contact information for the Veterinarian / Hospital

Primary Veterinarian's Name:

Veterinary Hospital / Clinic Name:

Telephone Number:

Hours:

Location: (Address / City)

Are you Financially able to provide routine and emergency veterinarian care for the dog **YES NO** Are you willing to accept a dog with known health issues that may require on-going treatment or daily medications **YES NO**

Do you plan to groom the dog yourself **YES NO**

Use a Professional Pet Groomer / Service **YES NO**

TRAINING

Where will you keep the dog:

During the day? _____

During the night? _____

During family absence overnight / vacations? _____

Who will be responsible for the primary care and supervision of this dog?

Name(s)

Age(s)

Do you plan to use a Crate: **YES NO** Are you willing to use a Crate **YES NO**

Will your dog be crated while riding in your car **YES NO**

Many Rescue Dogs come with behavior issues and habits that manifest later

Are you willing to housebreak a dog (if necessary) **YES NO**

Are you willing to take the dog to Obedience Training **YES NO**

Have you ever trained a dog before: **YES NO**

What type of method did you use? _____

Reward Based / Treats / Chocker

What type of Training did you do: _____

Obedience / Agility / Pet / Other

Are you prepared to work through behavior issues? **YES NO**

Do you have the time to attend and learn the specialized training for behavior issues that may arise **YES NO**

Do you have the financial resources to provide specialized training for behavior issues that may arise **YES NO**

YOUR COMMUNITY / HOME

What are the requirements of dog ownership in your community

How many animals per household does your community permit: _____

Dogs

Cats

What are the Licensing and Vaccine Requirements for your Community

Required Vaccines: _____

Licensing Fees: _____

Cost / How often do they need renewed)

Are all members of your household prepared for the new dog? **YES NO**

Is anyone in your house allergic to animals? **YES NO**

If **YES**, Have you taken the person to visit with schnauzers to ensure there is no adverse reactions to the schnauzer coat and skin? **YES NO**

What arrangements have you made for your dog in your absences?

___ Pet-Sitter ___ Dog Walker ___ Family is always at home

___ Neighbor ___ Doggy Daycare ___ I am retired / work at home

How much time, per day, will you spend with your dog? _____

What type of activities will you engage in for recreation _____

Due to causal link between animal abuse and human abuse -- Has anyone in your immediate family/household ever been charged and/or convicted of any charge related to cruelty to animals or child/spousal abuse **YES NO**

Will your new dog have on-going contact with:

Children: Ages: _____

Childs relationship to you *grandchildren/neighbors/babysit/children/other*

Are these children / relations used to being around other dogs / animals? **YES NO**

Elderly or infirmed Relatives **YES NO** Frequency of Contact? *Daily/Monthly/Weekly*

Physically or Developmentally challenged persons **YES NO** Frequency _____

Livestock or other small animals (*birds, hamsters, rabbits*) **YES NO**

PET OWNERSHIP HISTORY

Have you ever turned in a pet to a Rescue Group / Local Pound **YES NO**

If **YES**, please describe the circumstances below

Have you owned a dog before? **YES NO** Breed: _____

Have you owned a Standard Schnauzer before? **YES NO** When: _____

What do you know about the Standard Schnauzer? What research have you Done?

When we have a potential Standard Schnauzer in Rescue - do you Prefer?

Male Female (*circle one*) Reason for preference: _____

Color preference? Pepper & Salt ____ Black ____

Age of dog (list Minimum and Maximum) : _____

Will you consider something other than your stated preference: **YES NO**

How long are you willing to wait for this dog? _____

Are you willing to pay transportation to ship a dog to you? ____ (Y/N)

Are you willing to drive to pick-up your dog? ____ (Y/N)

Are you aware that there is an ADOPTION FEE to be paid to SSCNC at the time the dog is placed with you in addition to any other fees (e.g. transportation) ? **YES NO**

Employment Information:

What is your occupation: _____

Name and address of your employer:

How long employed here: _____

If less than one year, give name and address of previous employer:

What are your work hours? _____

What is your spouse's (or significant others) occupation? _____

Name and address of spouse's employer:

How long employed here? _____

If less than one year, give name and address of spouse's (significant others) previous

What are your spouse's (significant others) work hours? _____

What plans have you thought of or could make, for the care of your dog, should you become unemployed / infirmed / or pass away suddenly

Describe Below

YES I am willing to have a home visit by a member of SSCNC or regional Standard Schnauzer Club member, by appointment, prior to adoption of a dog

_____ (signature)

Thank you for taking your time to complete this application.
By signing below, you attest to the truthfulness of your application

Signature

Date: _____

Signature

Date: _____

SSCNC Rescue Coordinator: Dottie Michelmore

Telephone Number: 916-978-0289

Email: dmliche@pacbell.net

Return Completed Application to Dottie at

2749 Leoleta Way Carmicheal CA. 95608-4101

