

INSTRUCTIONS FOR COMPLETING THIS FORM

You can use Adobe Acrobat to type your answers in the fill-in form OR print and complete this form by hand. Instructions for both follow.

FILL-IN FORM

1. To use this option, you MUST open the document using Adobe Acrobat.
2. Save the file (using the “file” “save as” options) to your computer. MAKE NOTE OF WHERE THE FILE IS SAVED, AS YOU WILL NEED THAT LOCATION IN ORDER TO ATTACH IT TO AN EMAIL MESSAGE.
3. Select the “fill & sign” option from the menu on the left.
4. Using your mouse, click in the first block, after “name” and type your answer.
5. Use the tab key to navigate through the rest of the form.
6. Save the file again to save the information you typed.
7. Email the completed form to schnzrsrule@comcast.net.
8. Take a few photos of your yard and email them to schnzrsrule@comcast.net.

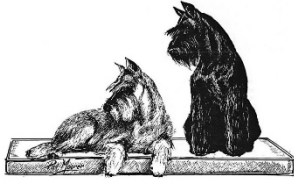
HAND-WRITTEN FORM

1. Open the file using any PDF program.
2. Print the file.
3. Complete the document using blue or black ink. PLEASE print legibly.
4. Scan the pages to create a PDF file and save it to your computer. MAKE NOTE OF WHERE THE FILE IS SAVED, AS YOU WILL NEED THAT LOCATION IN ORDER TO ATTACH IT TO AN EMAIL MESSAGE.
5. Email the completed form to schnzrsrule@comcast.net.
6. Take a few photos of your yard and email them to schnzrsrule@comcast.net.

Email is preferred, but if you prefer, you can also mail the completed form to the following address:

Kelly M. Radcliffe
13 Cornell Drive
Camp Hill PA 17011-7638

If you have any questions, please contact Kelly by email at schnzrsrule@comcast.net or by phone at 717-761-1751.



STANDARD SCHNAUZER CLUB OF AMERICA

RESCUE PROGRAM

ADOPTION APPLICATION

Name:	
Street Address:	
City, State, Zip:	
Phone (C):	
Phone (H):	
Email Address:	

YOUR HOUSEHOLD	
How many people live in your home?	
Are there any resident children under the age of 16?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there children under the age of 16 who visit frequently?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Your age (please note that you must be at least 18 to apply):	
Please list the names and ages of all other residents, and your relationship to them (parents, partner/significant other, children, roommates, etc.):	
Is anyone in your household allergic to dogs?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you expecting any major changes in your household in the next year (ex: moving, retiring, having a baby)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain.	
YOUR HOME	
Do you own or rent your home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Do you live in a/an ...?	<input type="checkbox"/> Apartment <input type="checkbox"/> Condominium / Townhome <input type="checkbox"/> Mobile Home <input type="checkbox"/> Row Home <input type="checkbox"/> Single Detached Home
If you live in a house, is it a single-family dwelling?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you live in a multi-unit complex or building, approximately how many units are there?	
How long have you lived at this address?	
If you rent, do you have your landlord's permission to have a dog?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Landlord's Name:	
Landlord's Phone Number:	
Is there a size or weight limitation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what is the limitation?	
Do you have homeowner's or renter's insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes

YOUR YARD	
Do you have, or have daily access to, a yard?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the yard you have access to fenced?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please describe the yard, the fence (including type and height), and how the fence is secured.	
Who has access to your yard (ex: delivery, gardener, housekeeper, neighbor, pool maintenance, postal worker, utility worker, etc.)?	
If others have access to your yard, where will the dog be kept while they are working?	
PLEASE SUBMIT PHOTOS OF YOUR YARD TO COMPLETE THIS APPLICATION.	
Do you have a doggy door?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a pool or Jacuzzi/spa?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please describe (in-ground, above-ground, etc.) and explain how it is secured (fencing, alarm, etc.)	
EMPLOYMENT	
Is anyone home during the day?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes
Are you currently employed?	<input type="checkbox"/> No – Retired <input type="checkbox"/> No – Unemployed <input type="checkbox"/> Yes (FT) <input type="checkbox"/> Yes (PT)
If you are employed, how many hours do you work each week?	
Employer:	
Position (Occupation):	
Is your spouse / partner / roommate currently employed?	<input type="checkbox"/> No – Retired <input type="checkbox"/> No – Unemployed <input type="checkbox"/> Yes (FT) <input type="checkbox"/> Yes (PT)
If your spouse / partner / roommate is employed, how many hours does (s)he work each week?	
Employer:	
Position (Occupation):	
PET EXPERIENCE	
Do you currently own any dogs?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please list them by name and provide the age, breed, sex, and spay/neuter status. Also provide a brief description of each dog's personality.	
Are there situations in which you allow your current dog(s) off-leash?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain.	
Do you ever use a tie-out with your current dogs?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please describe the tie-out and explain how/when it is used.	
Do you currently own any cats?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you currently own any other pets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please list the type(s) of pets you have.	
Not including any current pets, have you ever owned a Standard Schnauzer?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If yes, how many and when?	
Not including any current pets, have you ever owned another breed of dog?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please list the breed(s).	
Have you ever ...	
... surrendered your own pet to an animal shelter?	<input type="checkbox"/> No <input type="checkbox"/> Yes
... sold or given away one of your pets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
... lost a pet?	<input type="checkbox"/> No <input type="checkbox"/> Yes
... had a pet that was poisoned?	<input type="checkbox"/> No <input type="checkbox"/> Yes
... had an animal that was killed by a vehicle?	<input type="checkbox"/> No <input type="checkbox"/> Yes
... had an animal die due to a disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes
... had an animal bite or attack a person or another animal?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you responded yes to any of the above, please explain.	
How familiar are you with the temperament of a Standard Schnauzer and its grooming and exercise requirements?	
Are you adopting a dog for yourself or for someone else? If for someone else, please explain.	
Are all adult members of your household aware of an in agreement with this potential adoption?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, please explain.	
On a typical day, how many hours would the dog be alone?	
How will you introduce your adopted dog to your other pets?	
YOUR PREFERENCES	
Gender preference:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Color preference:	<input type="checkbox"/> Black <input type="checkbox"/> Pepper and Salt
Age Preference:	(minimum) to (maximum)
Personality preference:	<input type="checkbox"/> Active <input type="checkbox"/> Protective <input type="checkbox"/> Cuddly <input type="checkbox"/> Quiet <input type="checkbox"/> Mellow
Other references:	<input type="checkbox"/> House-trained <input type="checkbox"/> Good with kids <input type="checkbox"/> Good with existing pets
How long as you willing to wait for a rescue?	
YOUR ADOPTED DOG	
Briefly explain why you would like to own a Standard Schnauzer.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Where will your new dog spend most days? (Please be specific.)	
Where will your new dog spend most nights? (Please be specific.)	
Are there situations in which you will allow your rescued Standard Schnauzer off-leash?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain.	
Is there a time when you will tie your rescued Standard Schnauzer outside?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If yes, please explain.	
Are you willing to enroll your rescued Standard Schnauzer in formal obedience or other training within two months?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only for behavioral issues
If yes, where will you be training? Please include the facility name, phone number, and training class.	
Have you ever trained a dog before?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what method did you use?	
Do you object to the use of a crate?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How do you plan to exercise your rescued Standard Schnauzer? Please be specific.	
What would you do with your new dog if you moved?	
REFERENCES	
SSCA rescue requires a veterinary reference and two personal references. If you do not have a veterinary reference, you may provide three personal references. NO relatives, roommates, or significant others, please.	
Do you have a current or recent veterinarian?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Veterinarian's Name:	
Clinic Name:	
Phone Number:	
Personal Reference 1 Name:	
Relationship:	
Phone Number:	
Personal Reference 2 Name:	
Relationship:	
Phone Number:	
Personal Reference 3 Name:	
Relationship:	
Phone Number:	
OTHER	
Are you currently a member of the Standard Schnauzer Club of America?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently a member of a regional Standard Schnauzer club?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which one(s)?	
Are you financially prepared to provide care and upkeep for a dog?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Which of the following might force you to give up your dog?	<input type="checkbox"/> Allergies <input type="checkbox"/> Biting / Aggression <input type="checkbox"/> Destructive Chewing <input type="checkbox"/> Digging <input type="checkbox"/> Excessive Barking <input type="checkbox"/> Financial Issues <input type="checkbox"/> Growling / Nipping <input type="checkbox"/> Having a Baby <input type="checkbox"/> House-Training Issues <input type="checkbox"/> Illness (Dog) <input type="checkbox"/> Illness (Personal / Family)

	<input type="checkbox"/> Marital / Relationship Issues <input type="checkbox"/> Moving / Relocating <input type="checkbox"/> Neighbor Complaints <input type="checkbox"/> Not Trainable <input type="checkbox"/> Pets aren't Getting Along <input type="checkbox"/> Poor Watchdog <input type="checkbox"/> Shedding / Dirt <input type="checkbox"/> Other <input type="checkbox"/> None of the Above
Who will groom your dog?	

VERIFICATION AND SIGNATURE
(Please read and initial each statement.)

	I have answered the above questions truthfully and, to the best of my knowledge, the information I have provided is complete and accurate.
	I understand that SSCA rescue requires an adoption fee based on the age of the dog, payable at the time of adoption.
	I am willing to have an SSCA rescue representative visit my home by appointment prior to adoption to discuss adopting a Standard Schnauzer.
	I understand that this adoption application will be incorporated into the adoption agreement once I am matched with a dog.

Please sign and date below:

Signature:	
Date:	