

# MINIATURE SCHNAUZER RESCUE OF SOUTHERN WISCONSIN

# ADOPTION APPLICATION

**\*\* THIS APPLICATION IS THE FIRST STEP IN OUR PROCESS. IT MUST BE**

**COMPLETED AND RETURNED BEFORE YOU CAN MEET ONE OF OUR DOGS.**

**\*\* ALL OUR DOGS ARE IN FOSTER HOMES THAT ARE LOCATED THROUGOUT**

**THE STATE AND ARE NOT AVAILABLE FOR VIEWING AT THE ANGELS WISH**

**CENTER IN VERONA.**

**\*\* WE DO NOT SHIP OUR DOGS SO ADOPTIVE FAMILIES MUST BE LOCATED**

**IN WISCONSIN OR SURROUNDING STATES.**

While we appreciate all the inquiries regarding adopting a schnauzer, one of our adoption requirements is that all family members interact with the dog BEFORE the adoption is formally decided. All of our dogs have been evaluated for health and temperament. We work very hard to place the right dog in the right home and make sure that all our dogs have a safe environment for the rest of their lives. Therefore, the final decision is ours to make.

After you have filled out and returned this application, your name will be placed on a waiting list and we will contact you when we have a dog available. After the adoption, if you should decide that the dog is not right for your home, any monies you have paid will be non-refundable unless there are previously undetected health issues. If at any time, the adopting family decides that they can no longer keep the dog, it **MUST** be returned to this organization.

## Miniature Schnauzer

The typical Miniature Schnauzer is an alert, spirited and gutsy dog that was originally bred as a ratter (and will be more than happy to perform the task of ridding the earth of rodents). The Schnauzer is a wonderful housedog, fearless watchdog, loyal friend and entertaining companion. He is often described as an ‘in your face’ dog, as when he wants attention (which can be often), he will seldom give up until he gets it.

Average life expectancy of a mini is 14-16 years, if well taken care of. Many have lived close to 20 years.

**Please answer all questions:**

**Name**:

**Address**:

**City and State**:

**Preferred e-mail address**:

**Home phone number**:

**Cell phone number**:

**Do you live in a**: House Apartment Condo Mobile Home Duplex Other

**Do you** Own or Rent ?

If you rent, please provide the landlord’s name and phone number, as we will need written permission for you have a dog on the premises.

Landlord’s Name

Address

Phone No

**How long have you lived at the above address?** Years Months

**Do you plan to move?** Yes No

If yes, when?

**Occupation of all adults living in home:**

1.

2.

3.

4.

**Employer of all adults living in home:**

Name Work Phone

1.

2.

3.

4.

**Number of hours your Schnauzer will be left alone during working hours**: hrs

**Please list the names of the adults living in your home:**

1.

2.

3.

4.

**Please list the names and ages of the children living in your home:**

1.

2.

3.

4.

5.

6.

**Veterinarian’s Name and Phone:**

(We will be calling your vet for a reference)

Name

Phone

**How long have you been using this vet?**

**What are your reasons for adopting a pet?**

Breeder Children Guard Dog Companionship Gift Other , please specify

**Please list what type/breed/age of all animals you have owned *in the past*.** Please explain what happened and indicate if all are/were neutered or spayed.

Name Cat/Dog Breed Age Spayed/ Cause of Death

Neutered

1.

2.

3.

4.

5.

6.

**At the present time, what other animals are in your household?**

Name Cat/Dog Breed Age Spayed/ Cause of Death

Neutered

1.

2.

3.

4.

5.

6.

**Is your yard fenced, and if so, what kind of fence?**

**If you do not have a fenced yard, what is your plan for when the dog is outside?** Please be specific.

**Why do are you interested in a schnauzer?**

**What type of dog are you interested in adopting?**  Male Female Either

**Desired age range?**

**Would you be willing to adopt an older dog?** (8 years or older) Yes No

**Would you consider adopting a schnauzer mix?** Yes No

**Would you be interested in adopting a special needs dog?** Yes No

**What other characteristics are you looking for in your pet?**

**Have you ever adopted from an animal shelter or rescue group?** Yes No

If so, which one?

**Have you ever surrendered a pet to an animal shelter or rescue group?** Yes No

If yes, which one and why?

**Where will the animal be kept when you are not at home?** (Check all that apply):

Run of the house Crate Outside kennel Garage Basement Other

**Please list three references** (names, addresses, phone numbers and specify their relationship to you for example: sister, friend, boss, neighbor) *Please no more than one relative:*

**Reference 1**

Name :

Relationship to you:

Address:

Phone Number:

**Reference 2**

Name :

Relationship to you:

Address:

Phone Number:

**Reference 3**

Name :

Relationship to you:

Address:

Phone Number:

**How much are you willing to pay as an adoption fee for your Schnauzer**? $

**Does anyone in your family have allergies?** Yes No

**What plans have you made to care for the dog in your absence, i.e. vacation?**

**How often do you think your dog should visit the veterinarian and why?**

**How often do you think your dog’s teeth need to be brushed?**

**How much are you willing to spend a month to feed and care for your Schnauzer?**  $

**Where will your dog sleep?**

**How will you deal with ‘accidents’ in your house?** Please be specific.

**How long are you willing to wait for the right dog to come along?**

1 month or less 1-3 months Up to 6 months However long it takes

**Would you be interested in fostering a Miniature Schnauzer?** Yes No

**After you adopt, would you agree to keep in contact with our organization through periodic home visits or phone calls?**

**How did you hear about our organization?**

**If your dog has any behavioral problems**, would you agree to contact me or my organization for advice or referral to an animal behavior specialist? Yes No

Please send this application to: OR email to either:

Angel’s Wish, Inc. [cindyp@angelswish.org](mailto:cindyp@angelswish.org)

Attn: Cindy Pechanach or Mimi Loose vickiw@angelswish.org

161 Horizon Dr. Ste 106 [mimil@angelswish.org](mailto:mimil@angelswish.org)

Verona WI 53593

**Please do not call us. If we have your completed application on hand we will contact you.**

I certify that the above information is true and I recognize that any misrepresentation of fact may result in my losing adoption privileges. I authorize investigation of all statements and understand that all referrals may be contacted. I especially understand that this is a lifetime commitment and agree to work with Miniature Schnauzer Rescue of Southern Wisconsin and Angel’s Wish to provide a ‘forever’ home

**Signed: Date:**