



2700 Shirley Landing Drive Virginia Beach, VA 23457
(757) 465-1033 Fax: 757-465-1088
info@muttswithamission.org
www.muttswithamission.org

CAREER CHANGE DOG APPLICATION

***** Incomplete or illegible applications will not be accepted. Please fill out completely and legibly. *****

PERSONAL INFORMATION

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

Employer: _____

Position/Title: _____

Work Phone Number: _____

Co-Applicant's Name: _____

Co-Applicant's Cell Phone Number: _____

Co-Applicant's Email: _____

Co-Applicant's Employer: _____

Co-Applicant's Position/Title: _____

Co-Applicant's Work Phone Number: _____

Do you have children? YES NO

If YES, how many? _____

Does anyone in the home smoke? YES NO

HOUSING INFORMATION

Housing Type HOUSE DUPLEX APARTMENT TOWNHOUSE
CONDO TRAILER OTHER _____



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Do you: OWN RENT LEASE

If you RENT or LEASE, please provide your landlord's contact information.

Landlord Name: _____

Landlord Phone Number: _____

Landlord Email: _____

Do you have a yard? YES NO
If YES, is it fenced in? YES NO

*** Please note that invisible or electric fences are not acceptable due to safety reasons. ***

DOG INFORMATION

Briefly describe why you are interested in adopting a career change dog from Mutts With A Mission.

What dog are you interested in and why?

If this dog is unavailable, would you consider another? YES NO

Do you plan to take the dog to obedience training? YES NO

Where will the dog be when kept alone?



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Where will the dog be kept during the day?

Where will the dog be at night?

Will this be primarily an outdoor dog or spend more time indoors with the family? Please be specific (i.e. roughly how many hours will be outdoors and indoors) and describe a typical schedule.

How many hours per day will the dog be left alone? _____

Are you willing to buy a crate and use it?

YES

NO

How would you handle chewing and other destructive behavior?

Have you ever given or sold a pet to another person or shelter?

YES

NO



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Do you have a veterinarian? YES NO

If YES, please provide their information.

Veterinarian Name/Clinic: _____

Address: _____

Phone number: _____

EXISTING ANIMALS

Do you currently have other animals? YES NO

Who cares for your current animals? _____

Please list any animals that you have had in the past five years. (Please attach additional sheets if necessary)

NAME	BREED	SEX	AGE	SPAY/NEUTER STATUS	STILL HAVE?

NAME	BREED	SEX	AGE	SPAY/NEUTER STATUS	STILL HAVE?

NAME	BREED	SEX	AGE	SPAY/NEUTER STATUS	STILL HAVE?

NAME	BREED	SEX	AGE	SPAY/NEUTER STATUS	STILL HAVE?

What would cause you to give up your dog?

- EXCESSIVE BARKING
 HOUSE TRAINING ISSUES
 NEW BABY
 MOVING
 CHANGE IN SCHEDULE
 DIVORCE
 ILLNESS
 MONEY PROBLEMS
 NOTHING
 OTHER _____

What would be the “perfect” dog for your family?



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Is there anything else you would like us to know?

Please be aware before submitting this application, there will be follow up interviews if the application is approved, which will include a home visit. Also, by submitting this application you understand Mutts With A Mission may refuse your application without explanation and Mutts With A Mission may check with your veterinarian about your animal's care.

Applicant's Name: _____

APPLICANT SIGNATURE **DATE**

Co-Applicant's Name: _____

CO-APPLICANT'S SIGNATURE **DATE**