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**Mid Atlantic Scottish Terrier Education and Rescue, Inc.**

**RETURN COMPLETED APPLICATION TO ADDRESS AT LEFT, or EMAIL IT TO:  
Midatlanticscot@gmail.com**

1. NAME \_\_\_\_\_
2. ADDRESS \_\_\_\_\_  
\_\_\_\_\_
3. PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_
4. WHY DO YOU WANT A SCOTTIE? \_\_\_\_\_  
\_\_\_\_\_
5. WHAT DO YOU THINK IT COSTS TO CARE FOR A SCOTTIE, ANNUALLY?  
\_\_\_\_\_
6. DO YOU CURRENTLY OWN ANY PETS? \_\_\_\_\_
  - A. PETS NAMES: \_\_\_\_\_
  - B. IF DOGS WHAT BREED, AGE, AND SEX? \_\_\_\_\_
  - C. ARE YOUR PETS SPAYED OR NEUTERED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, WHY NOT?  
\_\_\_\_\_
  - D. ARE YOUR PETS ALONE DURING THE DAY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, FOR HOW  
LONG ON AVERAGE? \_\_\_\_\_ MAXIMUM: \_\_\_\_\_
7. HAVE YOU OWNED A DOG BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF SO WHAT HAPPENED  
TO THEM? \_\_\_\_\_
8. HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? \_\_\_\_\_
  - A. WHAT IS THEIR RELATIONSHIP TO YOU? \_\_\_\_\_
  - B. IF CHILDREN, WHAT ARE THEIR AGES & SEX? \_\_\_\_\_  
\_\_\_\_\_
9. ARE ANY FAMILY MEMBERS HOME DURING THE DAY? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, WHO? \_\_\_\_\_  
IF NO, HOW LONG WILL DOG BE ALONE DURING THE DAY? \_\_\_\_\_
10. DO YOU OWN OR RENT YOUR HOME? \_\_\_\_\_
  - A. HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_
  - B. IF LESS THAN 2 YEARS, WHAT WAS YOUR PREVIOUS ADDRESS?  
\_\_\_\_\_
  - C. IF RENTING DOES YOUR LEASE ALLOW PETS? YES \_\_\_\_\_ NO \_\_\_\_\_  
(PLEASE SUPPLY A COPY OF LEASE AGREEMENT PERTAINING TO PETS)  
  
LANDLORD/RENTAL AGENCY PHONE NUMBER: \_\_\_\_\_

Send to:  
MASTER C/O  
Jeanne Lishia  
2110 Ednor Rd  
Silver Spring MD  
20905

**MASTER Adoption Application Page 2**

D. IS YOUR YARD FENCED? YES \_\_\_ NO \_\_\_ PLEASE DESCRIBE FENCE

\_\_\_\_\_

IF NO, WOULD YOU CONSIDER FENCING? \_\_\_

11. WHERE WILL YOU KEEP DOG DURING THE DAY? \_\_\_\_\_

AT NIGHT? \_\_\_\_\_

A. WHERE WILL YOU KEEP THE DOG WHEN AWAY OVERNIGHT OR ON VACATION?

\_\_\_\_\_

12. WHAT IS YOUR OCCUPATION? \_\_\_\_\_

A. NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

B. WORK HOURS: \_\_\_\_\_ HOW LONG WITH THIS FIRM? \_\_\_\_\_

C. IF LESS THAN 1 YEAR WHERE WERE YOU PREVIOUSLY EMPLOYED? \_\_\_\_\_

\_\_\_\_\_

D. IS ANY OTHER MEMBERS OF YOUR FAMILY EMPLOYED? YES\_\_ NO \_\_ IF SO, PLEASE GIVE

EMPLOYER, ADDRESS, PHONE NUMBER, POSITION, AND WORK HOURS: \_\_\_\_\_

\_\_\_\_\_

13. HAVE YOU OR ANYONE IN YOUR IMMEDIATE FAMILY EVER BEEN CONVICTED OF A CHARGE OF OR RELATED TO CRUELTY TO ANIMALS? YES \_\_\_ NO \_\_\_

IS ANY SUCH CHARGE CURRENTLY PENDING? YES \_\_\_\_\_ NO \_\_\_\_\_

14. WOULD YOU BE WILLING TO ADOPT A DOG WITH ONE OF THE FOLLOWING HANDICAPS?

A. PHYSICAL \_\_\_\_\_ B. DEAF \_\_\_\_\_

C. BEHAVIORAL \_\_\_\_\_ D. OLD \_\_\_\_\_

B. PLEASE PROVIDE THE FOLLOWING REFERENCES:

C. VETERINARIAN NAME AND ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF LAST VISIT: \_\_\_\_\_

D. NAME AND ADDRESS OF A LOCAL INDIVIDUAL (NOT A RELATIVE) WHO KNOWS/HAS KNOWN YOUR OTHER ANIMALS:

**MASTER Adoption Application Page 3**

16. MAY WE VISIT YOUR HOME AND CHECK YOUR REFERENCES TO VERIFY THE INFORMATION YOU HAVE PROVIDED? YES \_\_\_\_ NO \_\_\_\_
17. THE UNDERSIGNED ACKNOWLEDGES THAT THE ADOPTION PROCESS IS NOT COMPLETED UNTIL THE STCGW ADOPTION AGREEMENT IS FULLY EXECUTED. .

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

(PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL INFORMATION OR COMMENTS)