

# DOG ADOPTION QUESTIONNAIRE

Thank you for considering the adoption of a dog! Because we put the health and welfare of all the abandoned pets that have come to us above everything else, we feel it is our responsibility and duty to make sure that they will receive adequate health care, a safe environment, and love and respect in their future homes. Your responses to the following questions will help us become familiar with you and your environment so that we may find a suitable match for both the animal and you.

Please understand that we may accept up to 3 applications per dog. We will check your vet reference and also your personal references and review your application. This process usually takes 2-3 business days. Upon approval of your application, our Adoption Coordinator will notify you and a home visit will be scheduled. We prefer that the entire household is present during the home visit. Once the home visit has been conducted, we will make our final approval in the best interest of the dog.  
The right to deny your application for any reason.

**In order to be considered as an adopter you MUST be 21 year of age or older, and have photo ID with current address. If you rent you must have consent from your landlord.**

**This application is filled out for (dog's name):** \_\_\_\_\_

Your full name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is your residence a: House Apartment Condo Mobile Home Other: \_\_\_\_\_

Do You : Own Rent If you rent, does your landlord allow animals? Yes No Not Sure

Landlord's Name and Phone Number \_\_\_\_\_

Number of people currently living in your home? Adults: \_\_\_\_ Children (by age): \_\_\_\_\_

Do you have frequent visitors, or anticipated addition to the family? \_\_\_\_\_

Are all members of your household aware that you are acquiring a pet? \_\_\_\_\_ Do they all approve? \_\_\_\_\_

Are there any members of your household with allergies to animals? \_\_\_\_\_

Who will be financially responsible for veterinary care? \_\_\_\_\_

Who will be the main person responsible for the daily care and exercise of the dog? \_\_\_\_\_

Do you have any plans about moving within the next couple of years? YES / NO

Do you have any planned vacation, long weekend, graduation, wedding or other major event that will prevent you from taking the dog home within a few days after your application has been approved? \_\_\_\_\_

Are you a first time pet owner? YES / NO

Have you ever surrendered an animal to a rescue group, pound or animal shelter? YES / NO

If yes, please explain the circumstances: \_\_\_\_\_

Do you have a yard or recreational area for the dog? YES / NO Is it fenced? YES / NO

What type of fence do you have (brand/type/height/electrical)? \_\_\_\_\_

If no current fence, what type of fence do you plan to install? \_\_\_\_\_

How will you manage toilet duties, exercise and play with your dog until you have your fence installed and/or you dog is trained on the fence? \_\_\_\_\_

**About the Dog:** (check all that apply)

**What type of daily exercise will your dog get?** Backyard play Leash walks Dog park  
Off-leash runs Fetch Tie out  
Other: \_\_\_\_\_

**What activities would you like your dog to do with you regularly?** Jogging partner Kid's dog & play buddy At work buddy  
Hang out watching TV Hunting Other: \_\_\_\_\_

**What qualities are important to you in your dog?** Easygoing Easy care Easy to train Cuddly/Snuggly  
Already has training Protective me & my property/Guard dog  
High energy Mellow Quiet / No barking  
Likes other dogs Likes other people Likes cats  
Other: \_\_\_\_\_

Do you plan to let your dog have puppies? YES / NO

Do you plan to have the dog altered (spayed/neutered) as recommended by us and your vet? YES / NO

How many hours a day will the dog be left alone during an average day? \_\_\_\_\_

Will you be using a dog walker? \_\_\_\_\_

Where will the dog spend the day when alone? \_\_\_\_\_

Where will the dog spend the time when you are home? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Which areas of your home will the dog be restricted from? \_\_\_\_\_

How much time are you willing to give the dog to adjust to you, your family and its new environment? \_\_\_\_\_

What would be your reason for returning the dog to the shelter? \_\_\_\_\_

What type of behavior or training problems have you experienced with dogs in the past? \_\_\_\_\_

Are you willing to use the services of a trainer if behavioral problems develop? \_\_\_\_\_

Do you prefer obedience classes or personal training? \_\_\_\_\_

Are you planning on using a crate? YES / NO Where will you place the crate: \_\_\_\_\_

Do you have experience with crate training? YES / NO

Do you need help with or information about crate training? YES / NO

How many hours will the dog be crated during an average day: \_\_\_\_\_

What is your contingency plan for the dog should something happen to you? \_\_\_\_\_

**Your Current/Previous Pets:**

If you are not a first time pet owner, please list current AND/OR previous pets (within past 7 years):

<b>Pets name</b>	<b>Dog or Cat</b>	<b>Breed / mix</b>	<b>Live / Deceased</b>	<b>Age</b>	<b>Altered</b>	<b>Indoor/Outdoor/Both</b>

Your current/previous Vet's name/practice: \_\_\_\_\_

Town/State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's name on vet records: \_\_\_\_\_

If you do not currently own a pet, but have done so in the past, what happened to your previous pets? \_\_\_\_\_

Have you adopted from us before? YES / NO If yes, when and who did you adopt: \_\_\_\_\_

Have you adopted from another shelter? YES / NO If yes, which and when? \_\_\_\_\_

Have you looked at dogs elsewhere? YES / NO If yes, where: \_\_\_\_\_

Why did you not adopt there? \_\_\_\_\_

Please provide (2) references who are **NOT** family members and **NOT** your vet:

1) Name \_\_\_\_\_ Tel# \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Tel# \_\_\_\_\_ Relationship \_\_\_\_\_

Would you allow a representative to conduct a home visit prior or after the adoption? YES / NO

When is a good time for your family to have a representative conduct a home visit? \_\_\_\_\_

Who should we call to schedule the home visit? \_\_\_\_\_ Phone#: \_\_\_\_\_

I hereby affirm that I have answered the above questions truthfully and to the best of my knowledge. I give my permission to contact my landlord for verification of their policy regarding animals. I also give my permission to contact my veterinarian for any information regarding my current/previous pet(s). I also give my permission to contact my two personal references.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_