

# Four Paws Coonhound Rescue and Friends Inc.

9400 Blossom Valley Road, El Cajon, CA 92021  
 Phone: (619) 851-1129 Email: [fourpawws@cox.net](mailto:fourpawws@cox.net)

To be completed by FPCR representative	
Dog/Cat Name	_____
Breed/Color	_____
Age	_____ Sex _____
F.P. Name	_____
F.P. Contact #	_____

## Dog and Cat Adoption Questionnaire

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

### PERSONAL REFERENCES

Name:	Name:
Phone:	Phone:

1. Do you live in a: House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_  
 Military \_\_\_\_\_ Other (please specify) \_\_\_\_\_

2. How long have you lived there? \_\_\_\_\_  
 If less than 2 years, please give previous address \_\_\_\_\_

3. Do you rent? YES \_\_\_\_\_ NO \_\_\_\_\_

4. If "Yes" do you have your landlord's permission to have a dog or cat? \_\_\_\_\_

5. May we contact your landlord? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Name of veterinarian/hospital: \_\_\_\_\_  
 Are you willing to provide adequate medical care if your pet should become sick or injured?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Healthy pets require annual vaccinations and routine medical care. What would you estimate the cost to be per year? \_\_\_\_\_

8. Dogs and cats can live longer than 15 years and their care may amount to over \$400.00 per year. Are you prepared to accept this kind of responsibility for his or her ENTIRE life? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Would you object to an inspection of your premises by a rescue representative? YES \_\_\_\_\_ NO \_\_\_\_\_

Dog-specific questions: (please skip to cat-specific questions if you are applying to adopt a cat)

10. Do you plan to put an I.D. tag on this dog? YES \_\_\_\_\_ NO \_\_\_\_\_
11. Do you plan to license this dog? YES \_\_\_\_\_ NO \_\_\_\_\_
12. Are you willing to attend obedience classes? YES \_\_\_\_\_ NO \_\_\_\_\_
13. Have you inquired about classes? YES \_\_\_\_\_ NO \_\_\_\_\_ Where? \_\_\_\_\_
14. Dogs left alone frequently dig, chew, bark etc. How do you plan to deal with these types of behaviors?  
\_\_\_\_\_
15. How many hours per day will this dog be left alone? \_\_\_\_\_  
Where will your companion be kept during this time?  
Outdoors? \_\_\_\_\_ Indoors? \_\_\_\_\_ Both? \_\_\_\_\_
16. What kind of outdoor shelter is available for this dog?  
\_\_\_\_\_

Cat-specific question:

17. Will you keep this cat strictly indoors? YES \_\_\_\_\_ NO \_\_\_\_\_

More questions for dog or cat adoptions:

18. Is anyone in your household allergic to animals? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "Yes" are they on medication that can control the allergies? YES \_\_\_\_\_ NO \_\_\_\_\_
19. Have you owned a cat or dog before? YES \_\_\_\_\_ NO \_\_\_\_\_ If "Yes", what happened to them? (If deceased, please state cause of death and how long ago):  
\_\_\_\_\_
20. Do you currently own any animals? # Of Dogs \_\_\_\_\_ # of Cats \_\_\_\_\_
21. Have they all been spayed/neutered? YES \_\_\_\_\_ NO \_\_\_\_\_
22. Are your other dogs licensed? YES \_\_\_\_\_ NO \_\_\_\_\_
23. When were they last vaccinated? \_\_\_\_\_
24. Do you have a swimming pool? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how is it fenced/covered?  
\_\_\_\_\_
25. Do you have a fenced yard? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how high is fence?  
\_\_\_\_\_
- What type of fencing? \_\_\_\_\_
26. List the names & ages of all children living at home: \_\_\_\_\_  
\_\_\_\_\_
27. On the first night home where will the dog/cat sleep? (Please be specific) \_\_\_\_\_  
\_\_\_\_\_
28. Who will be responsible for feeding, grooming, and training your new pet? \_\_\_\_\_

29. How soon after the dog/cat arrives home will it be left alone? \_\_\_\_\_
30. How often do you travel? \_\_\_\_\_
31. How do you plan to provide for the dog/cat when you are out of town? \_\_\_\_\_  
\_\_\_\_\_
27. What will happen to the dog/cat if you move? Locally? \_\_\_\_\_  
Out of state? \_\_\_\_\_  
Overseas? \_\_\_\_\_
28. Under what circumstances would you not keep this dog/cat? Divorce \_\_\_\_\_ Move \_\_\_\_\_  
New Baby \_\_\_\_\_ New Job \_\_\_\_\_ Illness \_\_\_\_\_ Other \_\_\_\_\_
29. Why do you want a dog/cat? (Please number as many choices AS APPLY in order of importance: 1,2,3)  
For Children \_\_\_\_\_ Companion \_\_\_\_\_ For Spouse \_\_\_\_\_ Protection \_\_\_\_\_  
As a gift \_\_\_\_\_ for other pet \_\_\_\_\_ Hunting \_\_\_\_\_ Other \_\_\_\_\_
30. Why have you chosen THIS dog/cat? \_\_\_\_\_  
\_\_\_\_\_
31. How did you learn about this dog? Union Tribune \_\_\_\_\_ Petfinder \_\_\_\_\_ Radio \_\_\_\_\_ TV \_\_\_\_\_ PetSmart \_\_\_\_\_  
Website \_\_\_\_\_ Adoption Event \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION. I ALSO UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT ENSURE THAT I WILL BE SELECTED TO ADOPT THIS DOG/CAT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

You may mail your completed application to:

**Four Paws Coonhound Rescue and Friends, 9400 Blossom Valley Road, El Cajon, CA 92021**

Scan and email your form to:

***fourpawws@cox.net***

or Fax your application to:

**619-443-0877**