

# DOG ADOPTION QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Thank you for considering adopting. You will be making a 10-15 year commitment to the dog you adopt and our goal is to help make the best match possible for you and the orphaned dog you are interested in. The following questions will help us achieve that goal.**

- 1) Do you currently live in a  House  Apartment  Condo  Other \_\_\_\_\_
- 2) Do you currently  Rent  Own  Lease the residence where you live?
- 3) How long have you lived at your current residence?  
\_\_\_\_\_

**If not property owner, I give my permission to verify current pet policy**

Landlord's Name \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_

- 4) How many adults live in your home? \_\_\_\_\_
- 5) How many children? \_\_\_\_\_ Ages \_\_\_\_\_
- 6) Does anyone in your household have allergies?  Yes  No
- 7) Who will be primarily responsible for the care of this dog? \_\_\_\_\_
- 8) Is this dog a gift?  Yes  No If yes, for whom? \_\_\_\_\_
- 9) What size of dog are you looking for?  Small  Medium  Large  Extra Large
- 10) What attracted you to the dog you are interested in? \_\_\_\_\_

11) Which of the following best describes your reasons for wanting this dog? (Check all that apply)

Companion  Guard Dog  Hunting  Breeding  Obedience Training  
 Search & Rescue  Agility  Jogging/Walking Buddy  Couch Warmer

- 12) How many hours will the dog be alone each day? \_\_\_\_\_
- 13) Where will the dog be kept when no one is home? \_\_\_\_\_
- 14) Where will the dog be kept at night? \_\_\_\_\_
- 15) Do you have a fenced yard?  Yes  No
- 16) How high is your fence? \_\_\_\_\_

17) **Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own**

**Breed | Age | Sex | Spayed/Neutered | Owned how long? | Does the pet still live with you? If not, what happened to him/her**

- 18) If you have other pets, are their vaccinations current?  Yes  No
- 19) If you have other pets, are they currently licensed?  Yes  No
- 20) Do you have a regular veterinarian?  Yes  No Name \_\_\_\_\_
- 21) Under what circumstances would you **not** keep this dog?  
\_\_\_\_\_

22) How much do you expect to spend per year to care for this dog (vet, supplies, food, toys)  
\_\_\_\_\_

23) Please check the topics you would like our staff to discuss with you today

Housetraining  Indoor vs. Outdoor  Separation Anxiety

Chewing  Introduction to other pets  Crate Training

Vaccines  Vacation with/without pets  Exercise requirements

Animal Laws  Dogs and kids  Escaping

**I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Adopter.**

Anything you want us to know about you and/or your home?

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

Case Number \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_