



# Dog Adoption Questionnaire

**HOLD**

Animal \_\_\_\_\_

Day/Time \_\_\_\_\_

## Contact Information

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

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## Household Information

Do you  Own  Rent If renting, any pet restrictions? \_\_\_\_\_

Do you live in  House  Condo  Parents home  Apt Complex name: \_\_\_\_\_

Is there a yard? \_\_\_\_\_ Is the yard fenced? \_\_\_\_\_ If yes, how high? \_\_\_\_\_ What kind? \_\_\_\_\_

How many people in your household? \_\_\_\_\_ Ages of children under 18, if any? \_\_\_\_\_

## Current Pets

| Type and breed of pet | Age | Gender | Altered? | Kept inside, outside, or both | How long lived with you? |
|-----------------------|-----|--------|----------|-------------------------------|--------------------------|
|                       |     |        |          |                               |                          |
|                       |     |        |          |                               |                          |
|                       |     |        |          |                               |                          |
|                       |     |        |          |                               |                          |

## Previous Pets

| Type and breed of pet | How long lived with you? | Reason no longer living with you? |
|-----------------------|--------------------------|-----------------------------------|
|                       |                          |                                   |
|                       |                          |                                   |
|                       |                          |                                   |
|                       |                          |                                   |

## My Home Environment

Activity level in my household is  Low  Medium  High

Activity level in my neighborhood is  Quiet and rural  Somewhat active/Suburban  Busy/Urban

On average, my home will be without people \_\_\_\_\_ hours a day \_\_\_\_\_ days a week.

When home alone, my dog will be  In a crate  Confined to a room  Yard/Garage  Loose in home

My dog will sleep in \_\_\_\_\_

I can spend \_\_\_\_\_ hours a day exercising my dog.

My exercise plan for my dog: \_\_\_\_\_

My training plan for my dog: \_\_\_\_\_

It's most important to me that my dog \_\_\_\_\_

**When you've completed this survey, please go to the animal viewing area to look for your new companion. If you see someone you like, take the paperwork off his or her kennel, bring it to the front desk and wait for the next available staff member. Thank you for choosing to adopt!**

**This side for staff only**

**Guardianship topics:**  Adjustment  Introduction  Health  Cost  Insurance  Grooming  Training  
 Classes  Exercise  Play  Socialization  Toys  Confinement  Identification  Litterbox

| Animal name/# | Staff initials: | Date:          |
|---------------|-----------------|----------------|
| Staff notes:  |                 |                |
|               |                 |                |
|               |                 |                |
|               |                 |                |
|               |                 |                |
|               |                 |                |
|               |                 |                |
| Visit notes:  |                 | Plan to adopt? |
|               |                 |                |

| Animal name/# | Staff Initials: | Date:          |
|---------------|-----------------|----------------|
| Staff notes:  |                 |                |
|               |                 |                |
|               |                 |                |
|               |                 |                |
|               |                 |                |
|               |                 |                |
|               |                 |                |
| Visit notes:  |                 | Plan to adopt? |
|               |                 |                |

| Hold for: | Completed on/by: | Hold notes: |
|-----------|------------------|-------------|
|           | Visit with:      |             |
|           | Landlord check   |             |
|           | Surgery on       |             |
|           | Pending medical  |             |
|           | Dog intro        |             |
|           | Preparation      |             |