



# Dog Adoption Questionnaire

**NOTE: YOU MUST BE 21 YEARS OR OLDER TO ADOPT.** Thank you for considering adopting an orphan from our shelter. You will be making a 10-15 year commitment to the cat you adopt and our goal is to help make the best match possible for you and the orphaned cat you are interested in. The following questions will help us achieve that goal.

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

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Microchip Emergency Contact: \*Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

***\*Please use a contact name and phone number other than yourself. This contact will be used if your animal goes missing and we cannot reach you. You are the primary contact.***

1) Do you currently live in a:  House  Apartment  Condo  Other \_\_\_\_\_

2) Do you currently:  Rent  Own  Lease

**If you are not the property owner, Pet Helpers has my permission to verify current pet policy.**

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

3) How many adults live in your home? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages \_\_\_\_\_

4) Does anyone in your household have allergies?  Yes  No

5) Who will be primarily responsible for the care of this dog? \_\_\_\_\_

6) Is this dog a gift?  Yes  No If yes, for whom? \_\_\_\_\_

7) What size of dog are you looking for?  Small  Medium  Large  Extra Large

8) What personality traits are you looking for in a dog? \_\_\_\_\_

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

Companion  Guard Dog  Hunting  Obedience Training

Search & Rescue  Agility  Jogging/Walking Buddy  Couch Warmer

10) Where and for how long will the dog be alone each day? \_\_\_\_\_

11) Do you plan to physically alter the dog in any way?  Yes  No

12) If so, how and why? \_\_\_\_\_

- 13) Do you have a fenced yard?  Yes  No
- 14) How high is your fence? \_\_\_\_\_
- 15) Have you owned pets in the past (as an adult)?  Yes  No If so, what kind? \_\_\_\_\_
- 16) Please list all of the pets currently living in your home.

Name	Species/Breed	Age	Gender	Spayed/Neutered	Owned how long?

- 17) If you have other pets, are their vaccinations current?  Yes  No
- 18) Do you have a regular veterinarian?  Yes  No

**Pet Helpers has my permission to verify vaccine and medical history.**

**Veterinarian's Name** \_\_\_\_\_ **Phone Number (\_\_\_\_)** \_\_\_\_\_

- 19) How much do you expect to spend per year to care for this dog (vet, supplies, food, toys)\$ \_\_\_\_\_
- 20) Under what circumstances would you **NOT** keep this dog? \_\_\_\_\_

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

- Housetraining       Indoor vs. Outdoor       Separation Anxiety       Other \_\_\_\_\_
- Chewing       Introduction to other pets       Crate Training
- Vaccines       Exercise requirements       Dogs and kids

**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 Pet Helpers. I understand that all animals adopted from Pet Helpers must be spayed or neutered before they are released from the shelter.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_