



PET ADOPTION QUESTIONNAIRE

It is our policy to make certain that each person who adopts a pet is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically and financially. Not every person who desires to adopt a pet should do so.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet guardianship, and if the pet of your interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

ANIMAL(S) OF INTEREST: _____

PERSONAL INFORMATION

Name: _____ Age, if under 18: _____

Name of O spouse ~ O partner ~ O roommate:

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____

Cellular phone: _____

Email: _____

Work schedule: _____

Spouse's hours: _____

Names of all persons living in your household, their relationship to you and their ages:

YOUR HOME

Type of dwelling? O House ~ O Apartment ~ O Condo ~ O Other _____

O Own or O Rent? If Condo, what are the association's rules about pets? _____

If you have a yard: O Fenced (height: _____ feet) ~ O Unfenced

If not a homeowner, do you have the landlord's permission to have a pet? _____

Landlord's name: _____

Phone: _____

YOUR COMPANION ANIMALS

Do you presently have any animals? O Yes ~ O No

Have you previously had a pet? O Yes ~ O No

Are your current animals up to date on vaccinations? O Yes ~ O No

If you presently have or have had pets in the past, please complete the charts below. In the column "what happened," write: gave away, sold him/her, took to the pound, abandoned, passed away, etc. (If the pet passed away, please state cause of death.)

CURRENT PETS (List additional on back)

Name & Breed	Age	Sex	Altered?	How & Why Obtained?	How Long?

PREVIOUS ANIMAL(S)

Breed	Age	Sex	Altered?	Kept In/Out	What Happened?	What Year?

Have any of your pets ever had puppies/kittens? Yes ~ No

If yes, you breed for: Fun ~ Profit ~ Show ~ By Accident

Has any member of your family ever experienced animal-related allergies? Yes ~ No

Your Family Veterinarian:

Name: _____

Phone: _____

YOUR NEW PET

Who would be responsible for the care of the pet? _____

What is your primary reason for adopting a pet?

Companion ~ Guard dog ~ Fighting ~ Hunting ~ Attack dog ~ Other

If Companion, whose? You ~ Spouse ~ Children ~ Other pet ~ Someone else _____

Where would the pet sleep? Inside (where? _____) ~ Outside (where? _____)

How many hours per day would the pet be left alone? _____

Where would the pet be left when he/she is alone? Indoors ~ Outdoors

If outdoors: Yard ~ Patio ~ Kennel ~ Garage ~ Other _____

If yard: Do you have a doggie door? Yes ~ No

When you are at home, the pet would be: Indoors ~ Outdoors ~ Other (where?) _____

Which rooms or areas of the home/yard will be off-limits to the pet?: _____

How do you plan to handle pet's exercise needs? _____

Do you travel a great deal? Yes ~ No

How often? _____ How long at a time? _____

When you do travel, how do you intend to provide for the pet while you are gone? _____

What provisions would be made for the pet if you had to move to:

Locally? _____ Out of state? _____

To a place where no pets are allowed? _____

Under what circumstances would you not keep the pet?

Divorce ~ Illness In Family ~ Moving ~ New Baby ~ New Job ~ Housetraining Problem ~ Chewing ~ Barking ~ Digging ~ Allergy ~ Shedding Too Much ~ Dog Grew Too Big ~ Dog Became Ill ~ Kids Ignore Dog ~ Pets Didn't Get Along ~ Not Obedient Enough ~ Other (explain) _____ ~ Would Not Give Up For Any of The Above

If the pet becomes destructive at your home, what would you do?

If the pet has "accidents" at your homes, what would you do? _____

If the pet becomes aggressive to people and/or other animals, what would you do?

~ People Aggression: _____

~ Animal Aggression: _____

If the pet becomes ill or injured, are you financially prepared to provide the medical care?

Yes ~ No

If yes, is there a maximum amount you would spend for your pet's medical needs?

Yes \$ _____:

No

The pet may live 15+ years, what would you do with your dog if you could no longer care for the pet?

Have you ever trained a dog in obedience classes? Yes ~ No

Have you ever trained a dog? Basic Commands ~ Herd ~ Hunt ~ Guard/Attack ~ Other _____

Do you feel obedience training makes a dog a better companion? Yes ~ No

If necessary, would you be willing to attend obedience classes at your own expense? Yes ~ No

What would you do if the dog grew to be bigger than you expected?

Return the dog to shelter ~ Keep the dog but keep him outside

Other (explain) _____ ~ Nothing

Is there anything else you would like to tell us about

yourself? _____

Questionnaire Information: All of the information I have provided in this Questionnaire is true and correct. If any of the information changes, I will advise you promptly.

Signature: _____

Date: _____