

# Dog Adoption Questionnaire

Updated October 17, 2016



Name of Dog: \_\_\_\_\_ [Office use only: A# \_\_\_\_\_]

## ADOPTER CONTACT INFORMATION

Full name\*: \_\_\_\_\_ Email: \_\_\_\_\_

*\*The person named here will become the legal guardian of the adopted animal*

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

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

Are you planning to move in the next 6 months? (circle one) Yes No

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Have you owned a dog before?  Yes  No

Have you applied to adopt an animal from WHS, WARL, or HRA before?  Yes  No

## LET'S MAKE A MATCH! (Please check all that apply)

I am adopting a dog as a:  Companion for me  Companion for my other animal(s)  
 Companion for my family (ie: spouse, child)  Other: \_\_\_\_\_

I have chosen to adopt this dog because: \_\_\_\_\_

The most important thing I want in a dog is: \_\_\_\_\_

I consider my home to be:  Calm and quiet  Middle of the road (sometimes quiet/sometimes a lot going on)  
 Busy (a lot going on: people going in and out, plenty of noise)

My dog needs to get along with:  Other dogs  Cats/small animals  Children  Doesn't matter

I want my dog's energy level to be:  Not very active  Middle of the road  Very active

My dog needs to be able to be alone (per day):

4 hours or less  4 – 8 hours at a time  8 + hours at a time

When I am not at home to supervise, my dog will be kept:

In the garage  Loose outside  Loose in the house  Confined to a room  Crate

I am willing to provide my dog with:  No training  Some training  Whatever is necessary

I want a guard dog:  No  Yes  I don't mind if the dog barks when someone is at the door

## WHAT IS YOUR HOUSEHOLD LIKE?

Do you rent your home?  No  Yes

Does your rental agreement allow you to have animals?  Yes, I am certain  I don't know  No

Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who lives with you in your home? (Please list all family members/roommates): \_\_\_\_\_

Do children live in your home?  No  Yes What are their ages? \_\_\_\_\_

Do you currently have other animals?  No  Yes Please list your veterinarian: \_\_\_\_\_

Please list all pets you currently have or have had within the past 5 years:

Current pet?	Name	Species/Breed	Age	Spayed/ neutered?	Owned for how long?

How much do you expect to spend on your dog each year? \_\_\_\_\_

Is there a situation in which you would not be willing or able to keep your dog? \_\_\_\_\_

How much time are you willing to give your dog to adjust to the new home? \_\_\_\_\_

Please indicate which topics you would like to discuss further:

- Preparing to bring home your new dog  Routine veterinary care
- Food / Diet  Housetraining
- Living with children and dogs  Introducing your new dog to resident animals
- Where to keep your dog when you are not home  Training, enrichment, exercise
- Other: \_\_\_\_\_

### THIS QUESTIONNAIRE BECOMES A PART OF OUR CONTRACT

I certify that all information provided is true and understand that false information may nullify this application, and I authorize the Humane Rescue Alliance to verify the above information.

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

#### For office use only:

- PG County  Other animals
- Household members  Verify medical

- ID check:  USDC01  
 USDC02  
 USDC3