

"Angels in Fur Dog Rescue"

DOG ADOPTION QUESTIONNAIRE

Driver's License information will be requested when you adopt. Please have your driver's license with you. **Please Print.**

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

City/Zip _____ Work Phone: _____

Email: _____ Cell Phone: _____

Name of Spouse/Significant Other: _____

List any additional people in household: _____

Who will be responsible for the dog's care (feeding, walking/playing, taking to vet, pick up after them)? _____

Has anyone in your household experienced allergies or asthma? Yes No

Do you have any of the following: (circle all that apply) patio, balcony, pet door, unscreened windows, no screen doors, back yard, front yard, other? _____

Children (with ages): _____

Children that regularly visit (with ages): _____

Is your home a: (circle one) home, apartment, condo, other? _____

Do you rent your home? Yes No

If renting, do you have permission to have a pet? Yes No

Landlord's name and phone #: _____

If you live in a home what type of fence do you have around your property?

What type of fence encloses your backyard? _____

Is there spaces under the fence in which the dog could fit through? Yes No

Is the fence or gates over dirt or cement? _____

Do you have a gardener? Yes No

If so, where would you secure your dog when he is at your house? _____

Do you have a pool or an in ground Jacuzzi? Yes No

If so, does it have a fence around it? Yes No

If you live in a condo what are the association's rules about pets? _____

Do you have plans to move in the near future? Yes No

Where to? _____

Are you aware that a part of the adoption process is to have a home and yard check?

Yes No

(This is nothing personal, just apart of the procedure. It will only insure that the dog cannot get out of the yard or get injured. Through experience, we know how to "dog proof" a yard and house. This will only help in the long run.)

In what areas of your home will your dog be allowed? _____

Where will they stay when they are alone and no one is home? _____

Where will they sleep at night? (circle answer): dog bed placed in the _____, garage, my bedroom, crate, dog house, anywhere s(he) wants, other _____

How many hours of the day will your dog be left alone? _____

Is this your first pet? Yes No

Do you have other pets? Yes No (circle) dogs, cats, other _____

What brand of pet food do you feed your pets? _____

What are their favorite toys? _____

Please list any pets you previously owned: _____

What happened to the pets that you previously owned? _____

If deceased, what was the cause of death? _____

Do you have a veterinarian? Yes No

Vet's name and phone # _____

Are your other pets spayed or neutered? Yes No

If you currently have a pet, how often do they visit the veterinarian? _____

When was their last visit and for what service? _____

Are you prepared to cover any vet expenses your pet may incur throughout its life? Yes No

Is there a limit? Yes No How much is too much? _____

Have you in the past had bad experiences with a pet? If so, please explain: _____

What do you think you will do if something like this happens again? _____

What is a behavior that is not acceptable to you? _____

Do you have a dog trainer that you have used in the past? Yes No

*If not, we recommend Karen Taylor @ "My Best Friend Obedience" (818) 996-3647
All dogs need training, no matter how old they are.*

What will you do with your new dog?

- If you move to a new home that does not allow pets? _____
- If you get married (if you are single)? _____
- If a new boyfriend/girlfriend is allergic to dogs? _____
- If you travel? _____
- If you move locally? _____ Out of state? _____

Under what circumstances would you not be able to keep this new dog? (Please check all that apply)

- | | |
|---------------------------|---|
| Pregnancy/baby | Job change/loss |
| Expensive vet bills | Dog is disabled |
| Divorce/separation | New house/apt. |
| Conflicts with other pets | Dog requires daily treatments |
| Spouse/child is allergic | Dog is a digger or chews something in house or yard |
| Barks too much | Dog needs too much attention |
| Behavioral problems | Needs a special diet |
| None | |

Other (please specify): _____

If you have to give up this dog for any of the above reasons, what will you do with the dog?

If you were to pass away, how would insure the care of your pets? _____

Were you ever in a situation where you were not able to keep a pet? Yes No

If yes, please explain: _____

THIS QUESTIONNAIRE BECOMES PART OF OUR CONTRACT

I certify that all the above information is true and accurate. I understand that if I adopt this dog from "Angels in Fur Dog Rescue", this document will become part of the adoption record.

SIGNATURE: _____ **DATE:** _____

REVIEWED BY: _____

DOG(S) INTERESTED IN: _____