



## Dog Adoption Questionnaire

Name of Dog: \_\_\_\_\_

1. Your Name:	Date:
2. Address: Street _____ Apt / Suite _____ City _____ State _____ Zip: _____	
3. <input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Other: Please explain:	
4. If you are not the homeowner give landlord's name and telephone number:	
5. How long have you been at your current address?	
6. If answer to above is less than 1 year, please give previous address with city, state, and zip code:	
7. Occupation:	
8. Place of Business:	
9. Phone: Home: ( ) Work: ( ) Emergency: ( ) Mobile ( ) E-Mail Address:	
10. E-Mail Address:	
11. Driver's License ID#	Birth Date:
12. Please list all household members and their approximate ages (include frequent visitors)	
13. Does everyone listed above want a dog? If not, please explain	
14. Who will be assuming responsibility for this dog?	
15. Why do you want to adopt a dog? Check all that apply – <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> To Breed <input type="checkbox"/> For a Child <input type="checkbox"/> Guard Dog for a home <input type="checkbox"/> Guard Dog for a Business <input type="checkbox"/> To Use for Hunting	
16. Do you have any pets now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Number of Dogs? Number of Cats? Other? If no: Please proceed to question #21	
17. Are your current pets up to date on vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Are your current pets spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Where are your current pets kept?	
20. Please list the name with city/state of your current veterinarian:	
21. Have you had pets in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please proceed to question #23)	
22. Please list the name with city/state of the veterinarian who treated your past pets. (If you currently have a pet/s and they have a vet history we can check you do not need to complete this)	
23. Have you ever brought an animal into a shelter before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please proceed to question #25.)	
24. If you took an animal to a shelter, please explain the circumstances.	
25. Have you ever adopted from a shelter before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where is that pet now?	
26. Do you plan to spay or neuter your dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. If No, why not?	

28. Do any members of your family have allergies? ( ) Yes ( ) No
29. If yes, what kinds of allergies?
30. Are you planning on moving in the near future? ( ) Yes ( ) No
31. If yes, what will you do with your pet?
32. Do you plan to crate your dog? ( ) Yes ( ) No
33. Where will this dog be kept during the day?
34. Where will this dog be kept at night?
35. Where will this dog be kept when no one is at home?
36. Where will the dog be kept when you go on vacation?
37. How much time do you spend away from home on a daily basis?
38. How will you handle housebreaking?
39. How do you plan to exercise the dog?
40. Are you planning to take your dog to obedience school? ( ) Yes ( ) No If no, are you willing to take your dog to obedience school? ( ) Yes ( ) No
41. How will you handle destructive behavior, excessive barking, digging? <i>Note: All dogs need to chew, not only teething puppies. This helps keep their teeth clean and provides relaxation.</i>
42. Why do you want a dog?
43. Why did you choose this dog?
44. How long have you been thinking about getting a dog?
45. Are you aware that the yearly maintenance of a dog is approximately \$200-\$300 (not including food or grooming)? ( ) Yes ( ) No
46. References: You must include at least one reference if you do not have a veterinarian. The reference should not be an immediate family member. Name: Address:  Telephone: Relationship:
47. How did you hear about the Friends For the Dearborn Animal Shelter?
48. Other comments Applicant would like to add:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My signature certifies that all information provided is true and complete and that Friends For the Dearborn Animal Shelter (FFDAS) is authorized to gather whatever information FFDAS considers necessary and appropriate for adoption of any animal. All questionnaires must be complete. FFDAS reserves the right to deny adoptions.

♥♥♥ Thank you ♥♥♥

**INTERVIEWER's NOTE's and COMMENTS:**

Applicant Name: \_\_\_\_\_ Dog Name: \_\_\_\_\_