

Adopter's Name:

Physical Address:

Email Address:

Phone Number:

Dog Desired

Sex: M F Age: 0-1 1-5 5-10 10+

Breed: _____ Color: _____

Check all you would consider

Special Needs (Physical) Special Needs (Emotional) Golden Oldie (10+)

Have you ever owned this breed before? Yes No

Why do you want this companion?

Will you be doing any of the following with your companion?

Conformation Showing Obedience Agility Tracking Herding Companion Only

History

Have you ever surrendered a dog to an animal shelter or rescue? Yes No

Have you ever had to euthanize a dog? Yes No

Have you ever had a dog removed from your care? Yes No

If you answered yes to any of the above, please provide an explanation:

How long do you plan to keep this companion?

How many dogs have you owned in your life?

What has happened to these dogs?

About your Household

Are you financially able to afford a companion? Yes No

What is your housing situation? Own Rent

How many hours a day will your companion be alone?

How many hours a day will you spend with your companion?

What will you do with your dog while you are working?

Crate

Yard

Free Roam

Tethered

Do you have enough time for your companion?

Yes

No

Will your companion primarily be: Indoors Outdoors

Do you have a secure yard?

Yes

No

Height of fence is answered 'Yes' above

Where will your companion sleep?

Will your companion be allowed on the couch?

Yes

No

How many in the household

Humans (names, sex & ages)

Dogs (names, sex & ages)

Cats (names, sex & ages)

Other

Training & Activities

What fun activities do you plan to do with your dog?

Do you have training experience with any of the following?

Potty Training

Crate Training

Walking on Leash

Come when called

Other

Please describe Training Methods:

Grooming & Health

If you get a long hair breed what are you plans for grooming maintenance

Learn how to bathe them

Take to a grooming parlor

Do you have a vet?

Yes

No

Do you plan on neutering / spaying (if not already done) this companion?

Yes

No

Home Check

Are you willing to allow a representative to do a home check with reasonable notice before and after placement? Yes No

References

Please provide the following and do let them know we will be calling:

2 Personal References:

Vet Reference:

Signature

Your signature below states that these are the facts to the best of your knowledge. Disclosure of facts to the contrary as acknowledged in this adoption questionnaire will consider the adoption null and void and the companion will be returned immediately (at your expense) to this organization.

I agree to these terms

Electronic Signature:

Date: