# Dog Adoption Questionnaire

Name __________________________________________ Date __________________________

Home#_____________________________ Cell# ______________________________

E-mail Address _____________________________________________________________

Address __________________________________________ Apt/Unit # ______________

City __________________________ State __________ Zip Code ______________________

Circle the option on each line that you feel best suits you and your home:

<table>
<thead>
<tr>
<th>I consider my home to be most like:</th>
<th>A library (calm and quiet)</th>
<th>Middle of the road (sometimes quiet, sometimes a lot going on)</th>
<th>Grand Central Station (We have lots of people coming and going and a lot going on most of the time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have owned a dog before:</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I’m home, I want my dog to be by my side:</td>
<td>Little of the time</td>
<td>Some of the time</td>
<td>Most of the time</td>
</tr>
<tr>
<td>When I’m not home, my dog will spend his time:</td>
<td>In the garage</td>
<td>In the yard</td>
<td>Loose in the house</td>
</tr>
<tr>
<td>Inside dog</td>
<td>Outside dog</td>
<td>Confined to one room</td>
<td></td>
</tr>
<tr>
<td>My dog needs to be able to be alone for:</td>
<td>Less than 4 hours a day</td>
<td>4-8 hours a day</td>
<td>More than 8 hours a day</td>
</tr>
<tr>
<td>Not very active</td>
<td>Middle of the road</td>
<td>Very active</td>
<td></td>
</tr>
<tr>
<td>I want a dog for:</td>
<td>Guard Dog</td>
<td>Companionship</td>
<td>Other</td>
</tr>
<tr>
<td>I am comfortable doing:</td>
<td>No training</td>
<td>Some training</td>
<td>A lot of training</td>
</tr>
<tr>
<td>My dog needs to be good with:</td>
<td>Dogs</td>
<td>Cats</td>
<td>Birds</td>
</tr>
<tr>
<td></td>
<td>Kids over 8</td>
<td>Seniors</td>
<td>Other: __________________________</td>
</tr>
</tbody>
</table>

It is most important to me that my dog: ________________________________________

Fill in the blank
Do you:  
☐ Own  
☐ Rent  
☐ Sublet  
☐ Other

If you rent or sublet, please list the landlord or rental agency’s contact information.

Name: ______________________________________  Phone number: ______________________________

Number of People in the Household:  
Adults ______  
Children ______  
Ages of Children ________________

Names of Adults Living in the Household (18 and over):

_______________________  
_______________________  
_______________________

Have you applied to adopt a pet from AAC before?   
☐ Yes    ☐ No    
If so, how long ago? ______

What kind of pet?  
☐ Cat  
☐ Dog  
☐ Other

If you have previously adopted from us, what happened with that pet? ______________________________

Please list all of the companion animals you have had in the last 3 years, including the ones that are still with you.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type/Breed</th>
<th>Age</th>
<th>Neutered/Spayed</th>
<th>If cat, declawed?</th>
<th>Owned for how long?</th>
<th>Why is this animal no longer with you? (If applicable?)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have a veterinarian?  
☐ Yes  
☐ No  
Vet Clinic Name and Phone Number: ______________________________

Please check any topics you’d like to discuss with pets owner:

☐ Feeding your pet  
☐ Introducing your new pet to other pets  
☐ Where to keep your pet during the day, at night, or while at work  
☐ House training  
☐ Challenging behaviors  
☐ What to do if your pet is lost  
☐ Grooming/Training  
☐ Behavior issues  
☐ Other: ____________________________________________

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

Applicant Signature: ___________________________  Date: ___________________________