



# 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:

I consider my home to be most like:	A library (calm and quiet)	Middle of the road (sometimes quiet, sometimes a lot going on)	Grand Central Station (We have lots of people coming and going and a lot going on most of the time)
I have owned a dog before:	No	Yes: <input type="checkbox"/> 2-10 yrs ago <input type="checkbox"/> 10+ yrs <input type="checkbox"/> Within the past year	I currently own a dog
When I'm home, I want my dog to be by my side:	Little of the time	Some of the time	Most of the time
When I'm not home, my dog will spend his time:	In the garage In a crate in the house	In the yard	Loose in the house Confined to one room
My dog will be mostly an:	Inside dog	Outside dog	
My dog needs to be able to be alone for:	Less than 4 hours a day	4-8 hours a day	More than 8 hours a day
I want my dog to be:	Not very Active	Middle of the road	Very active
I want a dog for:	Guard Dog	Companionship	Other
I am comfortable doing:	No training	Some training	A lot of training

My dog needs to be good with: Dogs Cats Birds Other Animals Kids under 8  
(circle all that apply)  
Kids over 8 Seniors Other: \_\_\_\_\_

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.						
Name	Type/Breed	Age	Neutered /Spayed	If cat, declawed?	Owned for how long?	Why is this animal no longer with you? (If applicable?)

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