

DOG ADOPTION QUESTIONNAIRE

Please take the time to fill out the following questionnaire.

We are committed to trying to make the best possible match between you, your family, and your new pet.

Name _____ Age _____

Address _____ County _____

City _____ State _____ Zip _____ Township _____

Home phone _____ Alternate phone _____

Email address _____

Please provide directions to your home

Does this dog need to get along with other animals? **Yes** **No**

If yes, please list any pets that currently live in your house. If you need more space, use a blank sheet or the back of this page.

Name	Species	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who is your veterinarian? _____

May we call your veterinarian for information about your pets' health history? **Yes** **No**

This dog needs to be good with **children under 8** **children over 8** **elderly people**

Please list all other members of your household. If you need more space, use a blank sheet or back of this page.

Name	Age	M/F	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

This pet will be primarily an **inside dog** **outside dog** **both**

How many hours a day will this pet be home alone? **4 hours or less/day**
8-10 hours/day **12 hours/day**

When I'm home I want my dog to be by my side **all of the time** **some of the time**
little of the time **never**

When I'm not at home, my dog will spend its time **in the garage** **in a crate**
in the house **in the yard** **loose in the house** **confined to one room in the house**

I want a guard dog **Yes** **No**

I want my dog to be able to hunt/herd/work with me **Yes** **No**

I want my dog to be the type that is very enthusiastic in the way s/he shows affection to people. **Not at all** **Somewhat** **Very**

I want my dog to be playful. **Not at all** **Somewhat** **Very**

I want my dog to be laid back. **Not at all** **Somewhat** **Very**

I am comfortable doing training with my dog to improve manners such as jumping, stealing food, and pulling on the leash. **No training** **Some training** **A lot of training**

I (or a family member) want to compete in Agility, Flyball or Obedience with our dog
Yes **No**

I am interested in a dog with special needs (medical or behavioral) **Yes** **No**

Have you ever adopted from or surrendered a pet to a shelter? **Yes** **No**

Please list the names and telephone numbers of 3 personal references (not family members) who are familiar with you.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you live in a **House** **Apartment** **Mobile Home** **Other** _____

Do you **Own** _____ **Rent** _____

Landlord's name _____ Phone _____

How long have you been at this address? _____

What will happen to this pet if you move? _____

Is there a fenced in yard? **Yes** **No**

If yes, what kind of fence/how high? _____

Do you understand that PA law requires that all dogs over the age of 12 weeks be vaccinated against rabies, that all dogs over 3 months must be licensed, and that it is against the law to allow your dog to run at large?_____

Are you financially prepared to give your dog the medical care it requires (vaccinations, deworming, regular vet visits)?_____

Our shelter likes to keep in touch with our adopters to be sure that the pet is working out as expected, and to be able to help with any problems that may develop in the future. Would you prefer to be contacted by phone _____or email _____?

If by phone please let us know the best time to call you._____

I certify that the above information is accurate, and I give my permission for Dessin to contact any of the names listed on this application. I understand that all adoptions must be paid for in cash or with a credit card. I also understand that Dessin makes no guarantee as to the health or temperament of any of the pets for adoption.

Signature_____

Date_____