



DOG ADOPTION QUESTIONNAIRE

Mutts Transport Service

The following questions will help us place animals into homes that match both the adopter's and animal's needs. Please answer honestly—there are no “right” or “wrong” answers. The County reserves the right to decline the adoption of an animal for any reason if it feels the home will not be a good match. **COMPLETION OF THIS QUESTIONNAIRE IS NOT A GUARANTEE OF ADOPTION.**

DOG(S) of INTEREST: _____

PERSONAL INFORMATION

Name: _____ Age: Under 21 • 21-35 • 35-50 • 50+

Name of spouse • partner • roommate: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cellular phone: _____ e-mail: _____

Names of all persons living in your household, their relationship to you and their ages: _____

YOUR HOME

Type of dwelling? House • Apartment • Condo • Other _____

Own or Rent? If Condo, what are the association's rules about pets? _____

If not a homeowner, do you have the landlord's permission to have a dog? Yes • No

What pet restrictions does your landlord have? _____

May we contact your landlord? Yes • No

Landlord's name: _____ Phone: _____

Do you have a yard? Yes • No If yes, how big is the yard: _____

How will you confine this dog to your property? Fenced yard (Fence height: _____) • Tie out • In the house • Dog run • Other _____

Would you allow an inspection of your yard by a rescue volunteer? Yes • No

Are there children in, or frequently visiting, your household? No (skip down) • Yes. If yes, list ages: _____

Have the children been previously around dogs? Yes • No

Do you plan on leaving the children alone with the dog? Yes • No

Has any member of your family ever experienced animal-related allergies? Yes • No To: _____

YOUR COMPANION ANIMALS

Do you currently have pets: Yes • No If yes, please list:

| Species | If dog, what breed | Age | Sex | Altered? | Current on Vaccinations? | How Long? |
|---------|--------------------|-----|-----|----------|--------------------------|-----------|
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| | | | | | | |

Have you had dogs in the past 5 years? Yes • No If yes, please complete the charts below. In the column, "what happened," write: gave away, sold, took to pound, abandoned, died, etc. (If the dog died, please state cause of death.)

| Breed | Age | Sex | Altered? | What Happened? |
|-------|-----|-----|----------|----------------|
| | | | | |
| | | | | |
| | | | | |

Do you have livestock or poultry? Yes • No If yes, please describe: _____

Have you ever adopted an animal before? Yes • No Do you still have it? Yes • No

Have any of your dogs ever had puppies? Yes • No If yes, you breed for: Fun • Profit • Show • Accident

YOUR NEW DOG

What is your primary reason for adopting a dog? Companion • House dog • Watch dog • Guard dog • Fighting • Hunting • Other _____

If Companion, whose? You • Spouse • Children • Other pet • Someone else (who?): _____

What personality traits are you looking for in a dog? _____

What activity level are you looking for in your puppy/dog? High • Moderate • Low

How do you plan to handle dog's exercise needs? Minimal exercise during the week/lots of exercise on weekends • go running five miles a day with me • Long morning and evening walks • Three fifteen minute walks a day • Not much walking, let the dog run loose in the yard • Little to no exercise • Other _____

Where would the dog sleep? Inside (where? _____) • Outside (where? _____)

How many hours per day would the dog be left alone? _____ • Where would the dog be left when he/she is alone? Indoors • Outdoors If outdoors: • Yard • Kennel • Garage • Patio • Other _____

Will you give heartworm preventive every month all year around? Yes • No

If the dog becomes aggressive to people and/or dogs, what would you do? _____

If the dog becomes ill or injured, are you financially prepared to provide the medical care? Yes • No If yes, is there a maximum amount you would spend for your dog's medical needs? No • Yes \$ _____

The dog may live 15+ years, what would you do with your dog if you could no longer care for the dog? _____

Is there anything else you would like to tell us about yourself? _____

All of the information I have provided in this Questionnaire is true and correct.

Signature: _____ Date: _____

Print Name: _____