

DOG(S) OF INTEREST: _____



DOG ADOPTION QUESTIONNAIRE

PERSONAL INFORMATION

Name(s): _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

Email: _____ Driver's License Number: _____

Other adults/children who live in the home or visit often (include age and relationship to you):

YOUR HOME

Type of dwelling (House/Apartment/Condo/Other) _____

If you do not own your home:

Homeowner Information: _____ Phone Number: _____

How often do you have visitors at your home? _____

Is your yard fenced? Yes No What type of fencing? _____ Height? _____

If no fence, are you looking for a dog who can be taken outdoors off leash? _____

What kinds of activities do you like to do for exercise? How often? _____

YOUR ANIMALS

Please complete the chart below if you currently have pets or have had pets in the past.

Name & Breed	Age	Sex	Altered?	More about the pet:

Tell us about any experience you have with dog training or behavior modification: _____

Your Family Veterinarian:

Name: _____ Phone: _____

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YOUR NEW DOG

Do you already have a dog in mind? What qualities does this specific animal have that seem like a good fit for you? _____

What are desirable traits your new dog should have? _____

Have you had a dog before? What did you like about that dog? _____

Where will your dog sleep at night? _____

How many hours a day will the dog be kept alone? _____

Where will the dog be kept when alone? _____

Are there areas that will be off-limits to the dog? _____

Are you looking for a pet who is already potty trained? _____

Are you looking for a pet who will not chew things when unsupervised? What would you do if your pet does damage something valuable repeatedly? _____

Would you like your new dog to enjoy the company of other animals? Yes No

What types of animals would you like it to get along with? _____

Would you be willing to care for a pet with ongoing medical needs? Yes No

How will you plan for emergency medical care? _____

Who could help you care for your pet if you had a vacation or emergency? _____

If you had to move and were unable to take your pet with you, what would you do? _____

What concerns/questions do you have about the adoption of a new pet? _____

Are there specific areas you would like more information/counseling on? _____

What will be your transition plan over the first few days? _____

By signing below, you give GMHS permission for to obtain veterinary records on current/past pets and to contact your landlord to discuss limitations/restrictions regarding pet adoption. You understand that our goal is to find the best home for every animal in the least amount of time. THERE ARE NO HOLDS ON ANIMALS.

Signature: _____ Date: _____