



# Pet Assistance Foundation Dog Adoption Questionnaire



Please fill out both sides of this Questionnaire.

Your Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Means of Contact:

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How long have you been at your present job? \_\_\_\_ Years \_\_\_\_ Months Work Hours: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Why are you looking to adopt this dog? \_\_\_\_\_

How long have you been thinking about adopting a dog? \_\_\_\_\_

What type of personality are you looking for in this dog? \_\_\_\_\_

Are you adopting this dog for: Yourself \_\_\_\_ Spouse \_\_\_\_ Children \_\_\_\_ Other Pet \_\_\_\_ As a Gift \_\_\_\_ Other \_\_\_\_\_

Do you plan to place a collar and name tag on this dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Give Your Veterinarian permission to release previous pets' medical history to us if we request it from his/her office? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Vet's Name: \_\_\_\_\_ Vet's Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Have you had a dog or puppy before? Yes No How long ago? \_\_\_\_\_ months/ years. How old was the dog? \_\_\_\_\_

What happened to the dog? \_\_\_\_\_

Did the dog wear a collar and name tag? \_\_\_\_\_ Identification Chip? \_\_\_\_\_ Both? \_\_\_\_\_

Was the dog neutered/spayed? \_\_\_\_\_ Neutered (Male) \_\_\_\_\_ Spayed (Female)

Are your fence and gates escape-proof? Describe. \_\_\_\_\_

Do you live in a? House \_\_\_\_\_ Condo \_\_\_\_\_ Apt \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

How long in this residence? \_\_\_\_\_ How long at last residence? \_\_\_\_\_

Do you rent? Yes \_\_\_\_ No \_\_\_\_ If yes, do you have landlord's permission to keep a pet? Yes \_\_\_\_ No \_\_\_\_

May we contact your landlord? Yes \_\_\_\_ No \_\_\_\_ Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

What type of food do you currently feed your pets? \_\_\_\_\_ NA \_\_\_\_\_

What type of food do you plan to feed this dog? Wet Only \_\_\_\_\_ Dry Only \_\_\_\_\_ Wet& Dry \_\_\_\_\_

Over

Please fill out both sides of this Questionnaire.

Thank you for taking the time to complete this questionnaire.



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Would you object to a home visit prior to application approval? Yes\_\_\_ No\_\_\_ Reason\_\_\_\_\_

Who will be the primary care giver of this new dog? \_\_\_\_\_

|                                    |                        |                           |                          |                  |
|------------------------------------|------------------------|---------------------------|--------------------------|------------------|
| How many people in your household? | Principal Adults _____ | Number of Roommates _____ | Number of Children _____ | Their ages _____ |
|------------------------------------|------------------------|---------------------------|--------------------------|------------------|

Would you ever consider moving into a home that does not allow pets? \_\_\_\_\_

How often do you travel? \_\_\_\_\_

Who will care for the dog while you are away? \_\_\_\_\_

How many hrs per day will your dog have human company? All day\_\_\_\_ 8-10 hrs\_\_\_\_ 6-8 hrs\_\_\_\_ 5 hrs or less \_\_\_\_`

Where will your dog be kept while everyone is away from home? Outdoors\_\_\_\_ Indoors\_\_\_\_ Both\_\_\_\_

Other (please specify) \_\_\_\_\_

Do you plan to keep the dog? Indoors\_\_\_\_\_ Outdoors\_\_\_\_\_ Both\_\_\_\_\_

Do you have a pet door? Yes \_\_\_ No\_\_\_

Have you ever had to give up a pet? Yes \_\_\_ No\_\_\_ If yes, please explain what happened to the pet? \_\_\_\_\_

Does anyone in your household currently suffer from asthma or allergies? Yes\_\_\_\_\_ No\_\_\_\_\_

If anyone in your household is, or becomes, allergic to pets, what will you do with this dog/these dogs? \_\_\_\_\_

What other pets currently live with you? \_\_\_\_\_

Please list all pets (dogs, cats, etc.) that have lived with you in the past last five years. \_\_\_\_\_

Where are they today? \_\_\_\_\_

Are you open to us visiting the dog once it's settled in your home &/or grown up? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a relative or close friend who would adopt the dog if you become incapable of caring for him/her?

No \_\_\_ Yes \_\_\_ If yes, who? \_\_\_\_\_

Any other comments or things we should be aware of: \_\_\_\_\_

I have read and understand all the questions and comments on this form. I have answered all questions as truthfully as possible. I understand that if I have purposely answered any of the questions untruthfully, I may be committing a felony and may be prosecuted to the fullest extent of the law. This is an application, not a contract, and, if approved, Pet Assistance will contact me within 5 business days. I understand that PAF is a guest through the generosity of Petco but is in no way affiliated with it and that ***Pet Assistance Foundation Reserves The Right To Refuse Adoptions To Anyone.***

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_