



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 pet's owner:

- | | |
|--|---|
| <input type="checkbox"/> Feeding your pet | <input type="checkbox"/> Challenging behaviors |
| <input type="checkbox"/> Introducing your new pet to other pets | <input type="checkbox"/> What to do if your pet is lost |
| <input type="checkbox"/> Where to keep your pet during the day, at night, or while at work | <input type="checkbox"/> Grooming/Training |
| <input type="checkbox"/> House training | <input type="checkbox"/> Behavior issues |
| | <input type="checkbox"/> 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: _____