



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 _____
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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 ___/___/___