

Office Use Only

Applicant Info _____

General Info _____

Pet Info _____

(initial above when checked)



Denied _____

Approved _____

STAFFORD ANIMAL SHELTER



CANINE ADOPTION QUESTIONNAIRE

DOG'S NAME: _____

APPLICANT INFORMATION

Name _____ Date _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

How long at this address? _____ Any plans to move? _____

Number of people in household _____ Does anyone in household have allergies? _____

Number of children, if any, and their ages _____

Are all household members aware of and agree to this adoption? _____

Are you presently employed? _____ Full time _____ Part Time _____ Work at home _____

Student _____ Retired _____ Unemployed _____

Name of Employer _____

GENERAL INFORMATION

Type of Residence House ___ Apartment ___ Condo ___ Mobile Home ___ Other (describe) _____

Do you own? _____ Do you rent? _____ If you live in a mobile home, do you rent the property? _____

Landlord's or Manager's name and phone number _____

Housing location: City limits ___ County limits ___ On busy road ___ Slight traffic ___ County road _____
 Residential area _____ Rural or Ranch area _____ Other _____

Have you owned a dog before? _____

Where will dog live? Mostly Inside _____ Outside only _____

Where will the dog spend nights? Inside _____ Outside _____

Do you have a fenced yard _____ If yes, how high _____ Type of fence _____

How many hours per day will the dog be alone? _____ Where will the dog stay when alone _____

Describe the activity level in your house:

Busy (visits by friends, meetings, children, parties) _____

Noisy? (TV, stereo, machinery, tools, children playing, dogs barking) _____

Moderate? (normal comings and goings) _____

Quiet? (homebodies, few guests) _____

Other (specify) _____

When the primary caretaker of the dog is absent, who will care for the dog? _____

Under what circumstances would you return the dog to us? (new job, divorce, new baby, move, illness, no time for)
 please specify _____

Are you willing to take responsibility if this dog acquires an illness? _____

Are you aware of and able to pay the veterinary costs of caring for this dog? _____

Are you willing to take the time to work with a dog on housebreaking, chewing or other behavior issues? _____

Would you consider obedience training for your new dog? ___ Do you consider a dog part of the family? _____

Will it be a working dog? _____

How much time are you prepared to allow for your new pet to adjust to your home? _____

Are you aware that a dog is a large and lifelong commitment? _____

If you move, what will you do with this dog? _____

PET INFORMATION

Have you had pets in the last five years ____ If yes, complete the following chart:

Name/Type of pet	Age of pet	Had how long?	Spayed/Neutered	Inside/Outside	Where is pet now?

Who is your Veterinarian? _____ Phone _____

City _____

I understand the information I have given will be verified by the Stafford Animal Shelter. We will confirm landlord permission and call your veterinarian. In addition, we reserve the right to request a home visit before adoption. This information will be held in confidence and used only by the Stafford Animal Shelter. **The Stafford Animal Shelter requires up to 72 hours for information to be processed. You will be notified as soon as possible as to the status of your application.**

Signature _____ Date _____

I certify that I am at least 18 years of age and the information provided is correct to the best of my knowledge. I understand that the Stafford Animal Shelter reserves the right to deny any application for any reason. Providing false information may result in the denial of the adoption and/or the reclamation of the adopted animal. I am fully aware that I am adopting a living creature and that the Stafford Animal Shelter is unable to guarantee the health of any animal. I understand that I may return the animal to the Stafford Animal Shelter if it has an illness diagnosed by a licensed Veterinarian within the 7 day Test Drive period. I understand that if I choose to treat the animal for any illness that develops, I do so at my expense.

Signature _____ Date _____