

Animal ID: \_\_\_\_\_ Pet Description: \_\_\_\_\_ Agent: \_\_\_\_\_

## Dog Adoption Questionnaire

*Please take the time to fill out the following questionnaire. We are committed to trying to make the best match possible between you, your family and your new pet.*

Name \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Twshp \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Do you have an e-mail address? \_\_\_\_\_

Are you employed? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Does this dog need to get along with other animals? ☐ Yes ☐ No

Please list any pets you have or have had in the past five years:

Breed	Sex	Neutered?	Inside/outside?	Where did you get it?	Where is it now?

Who is your veterinarian: \_\_\_\_\_

May we call your veterinarian for information about your pet's health history? ☐ Yes ☐ No

Please provide your vet's phone number: \_\_\_\_\_

This dog needs to be good with: ☐ children under 8 ☐ children over 8 ☐ elderly people

Please list all other members of the household:

Name	Age	Relationship	Male/Female
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Where will this pet live during the day? \_\_\_\_\_ During the night? \_\_\_\_\_

This dog will need to be home alone: ☐ 4 hrs or less/day ☐ 8-10 hrs/day ☐ 12 hrs/day

When I'm at home, I want my dog to be by my side: ☐ All of the time ☐ Some of the time  
☐ Never

When I'm not at home, my dog will spend its time:

☐ In the garage ☐ In a crate in the house ☐ In the yard ☐ Loose in the house  
☐ Confined to one room in the house

What attracted you to this dog? \_\_\_\_\_

**TURN  
OVER**



Does anyone in your household have pet allergies? ☐ Yes ☐ No

Do you want this dog as a ☐ Companion ☐ Gift ☐ Protection

I want my dog to be the type that is:

☐ Playful ☐ Laid Back ☐ Couch Potato  
☐ Lap Dog ☐ Protection

I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash: ☐ Yes ☐ No

I am interested in a dog with special needs (*medical or behavioral*): ☐ Yes ☐ No

Have you ever **adopted** or **surrendered** a pet or pets to a shelter? If yes, please specify:

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**Please list the names and phone numbers of 3 personal references that are *familiar with you that are not family*.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you live in a: ☐ House ☐ Apartment ☐ Mobile Home ☐ With your parents

Do you: ☐ Own ☐ Rent – Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been at this address: \_\_\_\_\_

Are you planning to move in the next six months? ☐ Yes ☐ No

Do you fully understand that that if you can no longer keep this pet, you must return it to the Dessin Animal Shelter? ☐ Yes ☐ No

Is there a fenced-in yard? ☐ Yes ☐ No If yes, what kind of fence/how high \_\_\_\_\_

Do you understand that PA Law requires that all dogs over the age of 12 weeks be vaccinated against Rabies, that all dogs over the age of 3 months must be licensed and that it is against the law to allow your dog to run at large? ☐ Yes ☐ No

Are you financially prepared to give your pet the medical care that it requires (*vaccinations, de-worming, regular vet visits*)? ☐ Yes ☐ No

Most shelter animals have unknown backgrounds. Are you prepared to take this pet to the veterinarian within one week for necessary treatment? ☐ Yes ☐ No

Our shelter likes to keep in touch with our adopters to be sure that the pet is working out as expected, and to be able to help with any problems that may develop with this pet in the future.

Would you prefer to be contacted by: ☐ Phone ☐ E-mail

If by phone, please let us know the best time to call you: \_\_\_\_\_

*I certify that the above information is true and accurate; I give my permission for Dessin to contact any of the names given on this application. Any false statements will result in denial of my adoption. I understand that all adoptions must be paid for in cash or with a credit card. I also understand that Dessin makes no guarantees as to the health or temperament of any of the pets for adoption.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ DOB \_\_\_\_\_