



Paw Project of Georgia, Inc. Dog Questionnaire

Name of Dog(s) if known: _____

Applicant Information

Name: _____ Date: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Email: _____

Name of employer: _____ Do you own or rent? _____

If renting, are you prepared to pay the pet deposit and monthly fee, if any? YES NO

Current Environment

Why do you want a dog? _____

Do you have children? YES NO Ages: _____

Is this dog for your household? YES NO If no, is it a gift for another household? YES NO

Is everyone in the household in agreement to adopt a dog? YES NO

If no, please explain: _____

Is anyone in the household allergic to dogs? YES NO

If yes, are you prepared to do what is necessary to mitigate symptoms (e.g., medicine, wash hands more) YES NO

Provide information on other pets permanently residing in your household:

	Species (e.g., dog, cat)	Age	Spayed/Neutered?		If cat, declawed?	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Current Environment (continued)

Do you have a fenced yard? YES NO What is the height of fence? _____

Do you have a dog door? YES NO

What is the maximum number of hours pet(s) are left alone daily? _____

Where will pet(s) stay when left alone? _____

If you have a dog, answer the following questions:

Has your dog been around other dogs or puppies before? YES NO If yes, circle one: Dogs / Puppies / Both

If yes, what was the interaction like? _____

Are you willing to (check all that apply)?
Crate Train Leash Train Provide Monthly Heartworm Prevention Provide flea/tick prevention/control

Where will this dog stay? Inside _____ % Outside _____ %

If a percentage outside, what are your thoughts? _____

Are you aware that dogs require annual vaccines and puppies require boosters until fully vaccinated? YES NO

Environment History

Have you owned cats or dogs before? YES NO

If yes, and they no longer live with you, where are they now? _____

Have you ever rehomed a pet? YES NO

If yes, why? _____

Miscellaneous

Reference (used to attempt to reunite you with your pet should it be returned to Paw Project):

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

How did you hear about Paw Project?

Previous adopter or volunteer

Internet search

Friend or family member

Other

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Paw Project of Georgia, Inc. will in no way be held responsible for any injury to any adult, minor child, and/or their property that may occur during the meet and greet process. In signing this form, you attest that you agree to release Paw Project of Georgia, Inc. and its representatives from all liability or damage that may be caused by the dog(s) to any person or property in your party. Paw Project of Georgia, Inc. reserves the right to refuse adoption.

Signature: _____ Date: _____