**Screening Questionnaire**

Our Rehoming Process:

1. Fill out questionnaire as completely and honestly as possible. There are no wrong answers!
2. Have a conversation with us to enable us to get to know you and match you to the perfect pup
3. Give us at least one reference that we may contact to confirm your answers

Tell us about yourself …

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | E-mail |  |
| Street Address |  | Housing Type:(if apartment note number) |  |
| City |  | State |  | Zip |  |
| Home Phone |  | Cell Phone |  | Work Phone |  |
| Do you agree to receive the occasional electronic communication from us? (Declining does not necessarily disqualify you from adopting) |  YES / NO | Do you prefer email or text? |  |
| What is your timeline for adding a pet to your family? |  | Are you, or will you be, prepared for a puppy? |  |
| Are you renting? Do you have breed/size/number or weight restrictions? Can you provide proof?*(Please provide landlord name and phone)* |  | Do you have a yard? Is it fenced? |  |
| How many people live in your home? *(Please provide ages and relationship)* |  |
| What is your daily schedule? How long are you away from home on any given day? |  |
| Tell us about your Dream Dog. What characteristics are you looking for? And which are you looking to avoid?:  |  |  |
| Do you have a sex preference? | Male Female  | Which pup(s) are you interested in  |  |
| If you have a sex preference, please explain why |  |
| What characteristics are you looking for in a dog?  |  |
| We dock tails and leave dewclaws natural. If you have a different preference, please indicate this prior to reserving a puppy. |  |
| What “normal” dog/puppy behavior challenges are you prepared to deal with? (e.g., chewing, housebreaking, barking etc.) |  |
| What behaviors concern you the most? Would these cause you to return the dog to us? |  |
| What exercise plans do you have for your dog?  |  |
| What level of training do you foresee providing your dog? Would you enroll in obedience school or train yourself? What training methods would you use if training the dog yourself? |  |
| Please provide the name and age of all current pets. If you have had previous pets, please provide their names and what happened to them. |  |
| Please provide the name and phone number of the vet you use for your current pets and/or the name/phone number of the vet you used for previous pets.  |  |
| Please list at least one personal reference we can contact. Please indicate your relationship to the person. |  |
| Please use the remaining space to tell us anything else about you that you think pertinent to this application. |  |