



# Adoption Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Circle the option on each line that you feel best suits you and your home:

I consider my home to be most like:	A library (calm and quiet)	Middle of the road (sometimes quiet, sometimes a lot going on)	Grand Central Station (We have lots of people coming and going and a lot going on most of the time)
I have owned a dog before:	No	Yes: <input type="checkbox"/> 2-10 yrs ago <input type="checkbox"/> 10+ yrs <input type="checkbox"/> Within the past year	I currently own a dog
When I'm home, I want my dog to be by my side:	Little of the time	Some of the time	Most of the time
When I'm not home, my dog will spend his time:	In the garage In a crate in the house	In the yard	Loose in the house Confined to one room
My dog will be mostly an:	Inside dog	Outside dog	
My dog needs to be able to be alone for:	Less than 4 hours a day	4-8 hours a day	More than 8 hours a day
I want my dog to be:	Not very Active	Middle of the road	Very active
I want a dog for:	Guard Dog	Companionship	Other
I am comfortable doing:	No training	Some training	A lot of training

My dog needs to be good with: Dogs    Cats    Birds    Other Animals    Kids under 8  
(circle all that apply)

Kids over 8    Seniors    Other: \_\_\_\_\_

It is most important to me that my dog: \_\_\_\_\_

Fill in the blank

Number of People in the Household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of Children \_\_\_\_\_  
\_\_\_\_\_

**Please check any topics you'd like to discuss with Mt Baker K9:**

- |  |   |
|--|---|
| <input type="checkbox"/> Feeding your pet  | <input type="checkbox"/> Challenging behaviors          |
| <input type="checkbox"/> Introducing your new pet to other pets                            | <input type="checkbox"/> What to do if your pet is lost |
| <input type="checkbox"/> Where to keep your pet during the day, at night, or while at work | <input type="checkbox"/> Grooming/Training              |
| <input type="checkbox"/> House training  | <input type="checkbox"/> Behavior issues                |
|  | <input type="checkbox"/> Other: _____                   |

***I certify that all information provided is true and understand that false information may nullify this application and authorize \_\_\_\_\_ to verify the above information.***

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**