

RESCUE PROGRAM PHONE INTERVIEW/HOME VISIT FORM

| Name of Vo | olunteer: | | | |
|--------------|------------------|-----------------------|---------|--|
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| | | | | |
| Names and | relation of adu | lts in the household_ | | |
| | | | | |
| Names and | relation of chil | dren in the household | d | |
| | | | | |
| Other Pets (| Dwned | | | |
| Do they: | □ Own | □ Rent | | |
| | □ House | □ Apartment | □ Condo | |

| Fenced yard? | □ Yes How high? □ No |
|-----------------|---|
| 🗆 Pool | Type and form of security |
| Will the dog b | be kept primarily \Box In the house \Box Outdoors |
| If outdoors, de | escribe shelter |
| Where will the | e dog sleep at night? |
| Do adult mem | bers of the family work outside the home? \Box Yes \Box No |
| If yes, | approximate number of hours the dog will be left alone |
| Any Addition | al Commonts: |
| | al Comments: |
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| | |
| | el comfortable placing a dog in this home? \Box Yes \Box No |
| wny or wny n | lot? |
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