

Homeward Bound Animal Shelter  
Manistee County Humane Society

736 Paws Trail  
Manistee, MI. 49660  
231-723-7387

[manisteehumaneociety@gmail.com](mailto:manisteehumaneociety@gmail.com)  
[www.homewardboundmanistee.org](http://www.homewardboundmanistee.org)

Adoption hours:  
Wed. 12-6 Thurs-Sat. 12-4

Dog Adoption Questionnaire

It is our policy to make certain that each person who adopts a dog is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically and financially. Not every person who desires to adopt a dog should do so.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for a pet guardianship, and if the dog of your interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please full out this questionnaire.

DOG OF INTEREST: \_\_\_\_\_

Personal Information

Name \_\_\_\_\_ Age \_\_\_\_\_

Name of Spouse, Partner, Roommate: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: You \_\_\_\_\_ Spouse: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ Spouse: \_\_\_\_\_

Name of all persons living in your household, their relationship to you and their ages:

\_\_\_\_\_  
\_\_\_\_\_

## YOUR COMPANION ANIMALS

Do you presently have a dog?  Yes •  No

Have you previously had a dog?  Yes •  No

If you presently have or had dogs in the past, please complete the charts below. In the column, "what happened," write: gave away, sold him/her, took to the pound, abandoned, died, etc. (If the dog died, please state cause of death.)

### CURRENT DOG(S)

Name & Breed	Age	Sex	Altered?	How & Why Obtained?	How Long?

### PREVIOUS DOG(S)

Breed	Age	Sex	Altered?	Kept In/Out	What Happened?	What Year?

Have any of your dogs ever had puppies?  Yes •  No

If Yes, you breed for:  Fun •  Profit •  Show •  Accident

Has any member of your family ever experienced animal-related allergies?  Yes •  No

Have you ever trained a dog in obedience classes?  Yes •  No

Have you ever trained a dog?:  Basic Commands •  Herd •  Hunt •  Guard/Attack •  Other \_\_\_\_\_

**If you have other pets, please complete the following chart:**

Species	How many?	Ages	Kept where?	Since what year?	If cat, declawed? If yes why?

### Your Family Veterinarian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## YOUR NEW DOG

Who would be responsible for the care of the dog? \_\_\_\_\_

What is your primary reason for adopting a dog?

Companion •  Guard dog •  Fighting •  Hunting •  Attack dog •  Other

If Companion, whose?  You •  Spouse •  Children •  Other pet •  Someone else (who?): \_\_\_\_\_

Where would the dog sleep?  Inside (where? \_\_\_\_\_) •  Outside (where? \_\_\_\_\_)

How many hours per day would the dog be left alone? \_\_\_\_\_

Where would the dog be left when he/she is alone?  Indoors •  Outdoors

If outdoors:  Yard •  Patio •  Kennel •  Garage •  Other

If yard: Do you have a doggie door?  Yes •  No

Do you intend to hire a dog-sitter or take the dog to the daycare center?  Yes •  No

When you are at home, the dog would be:  indoors •  outdoors •  other (where?) \_\_\_\_\_

Which rooms or areas of the home/yard will be off-limits to the dog?: \_\_\_\_\_

Do you allow dogs on furniture?  Yes •  No •  Some (which?) \_\_\_\_\_

(Cont'd)

If the dog will be outside at all, what outside space is available for the dog:

Yard •  Patio •  Run •  Balcony •  Unfenced yard •  Other: \_\_\_\_\_

Are the gates:  Latched •  Padlocked •  Other (explain): \_\_\_\_\_

How do you plan to handle dog's exercise needs? \_\_\_\_\_

Do you feel obedience training makes a dog a better companion?  Yes •  No

If necessary, would you be willing to attend obedience classes at your own expense?  Yes •  No

Do you travel a great deal?  Yes •  No

How often? \_\_\_\_\_ How long at a time? \_\_\_\_\_

When you do travel, how do you intend to provide for the dog while you are gone? \_\_\_\_\_

What provisions would be made for the dog if you had to move to:

Locally? \_\_\_\_\_ Out of state? \_\_\_\_\_

To a place where no pets are allowed? \_\_\_\_\_

Under what circumstances would you not keep the dog?

- Divorce •  Illness in family •  Moving •  New baby •  New job •  Housetraining problem •
- Chewing •  Barking •  Digging •  Allergy •  Shedding too much •  Dog grew too big •
- Dog became ill •  Kids ignore the dog •  Pets didn't get along •  Not obedient enough •
- Other (explain) \_\_\_\_\_ •  Would not give up for any of the above

What would you do if the dog grew to be bigger than you expected?

- Return the dog to rescue •  Take the dog to shelter •  Keep the dog but keep him outside
- Other (explain) \_\_\_\_\_ •  Nothing

If the dog becomes destructive at your home, what would you do? \_\_\_\_\_

If the dog has "accidents" at your home, what would you do? \_\_\_\_\_

If the dog shows Separation Anxiety, what would you do? \_\_\_\_\_

If the dog becomes aggressive to people and/or dogs, what would you do?

- People Aggression: \_\_\_\_\_
- Dog Aggression: \_\_\_\_\_

If the dog becomes ill or injured, are you financially prepared to provide the medical care?  Yes •  No

If yes, is there a maximum amount you would spend for your dog's medical needs?

- Yes \$ \_\_\_\_\_ : Reason \_\_\_\_\_
- No: State provision \_\_\_\_\_

The dog may live 15+ years, what would you do with your dog if you could no longer care for the dog? \_\_\_\_\_

Is there anything else you would like to tell us about yourself? \_\_\_\_\_

Questionnaire Information: All of the information I have provided in this Questionnaire is true and correct. If any of the information changes, I will advise you promptly.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please list two Personal references and their relationship to you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_