



# Dog Adoption Questionnaire

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

AWS animal ID #: \_\_\_\_\_ AWS Animal Name: \_\_\_\_\_

Senior Adoption - Are you 60 years or older Yes \_\_\_ No \_\_\_

Applicants Name: \_\_\_\_\_

Name of spouse or roommates: \_\_\_\_\_

Number of people in home: ADULTS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Applicant Occupation: \_\_\_\_\_ Spouse/Partner/Roommate \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email address [Please Print]: \_\_\_\_\_

Type of dwelling: House [ ] Apt. [ ] Trailer [ ] Condo [ ]

Do you own or rent your dwelling? Own [ ] Rent [ ]

If you rent we will need a copy of your lease agreement, your landlords name, address, and phone number.

How long have you lived at this space? years \_\_\_\_\_ months \_\_\_\_\_

What type of dog are you looking for? \_\_\_\_\_

What attracted you to this dog? \_\_\_\_\_

Is an adult home during the day? Yes [ ] No [ ]

How many hours a day will the dog be left alone? \_\_\_\_\_

Are you looking for an indoor  outdoor  or an indoor/outdoor  dog?

Where will the dog be kept during the day? Indoors \_\_\_ Outdoors \_\_\_ Chained \_\_\_

Other [Please explain] \_\_\_\_\_

Where would the dog be at night? Indoors [ ] Outdoors [ ] Chained [ ]

Other [Please explain] \_\_\_\_\_

What outside space is available to the dog? Fenced yard [ ] Unfenced yard [ ] Kennel [ ] Patio area [ ]

leash walk [ ] Chained [ ] Other \_\_\_\_\_

\*Height of fence \_\_\_\_\_ Approx. area of yard available to the dog? \_\_\_\_\_

Do you have any other pets? If so, number of dogs \_\_\_\_\_ Ages \_\_\_\_\_ / cats \_\_\_\_\_ Ages \_\_\_\_\_

Other [Please explain] \_\_\_\_\_

Have you ever adopted from a shelter before? Yes [ ] No [ ]

Which shelter did you adopt from? \_\_\_\_\_

Have you ever surrendered an animal to a shelter before? Yes [ ] No [ ]

If yes, why? \_\_\_\_\_

Primary reason for desiring to adopt this dog? \_\_\_\_\_

Is anyone in the household allergic to animals? Yes [ ] No [ ]

What type of animal is the person allergic to? \_\_\_\_\_

**ANIMALS ARE AS INDIVIDUAL AS PEOPLE. ARE YOU WILLING TO INVEST THE TIME AND EFFORT NECESSARY HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE? YES\_\_\_\_\_ NO\_\_\_\_\_**

HOW MUCH TIME? \_\_\_\_\_

Under what circumstances would you return this dog to us? \_\_\_\_\_

If the dog became destructive, what would you do? \_\_\_\_\_

AWS staff may conduct a home visit of your premises? Yes [ ] No [ ] **no answer may disqualify the applicant**

Name of your current veterinarian/clinic: \_\_\_\_\_

Veterinarian phone number: ( ) \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

**I UNDERSTAND THAT DECISIONS RELATED TO PLACING AN ANIMAL ARE AT THE SOLE DISCRETION OF THE ANIMAL WELFARE SOCIETY OF JEFFERSON COUNTY (AWS). AWS RESERVES THE RIGHT TO REFUSE AN ADOPTION SHOULD WE BELIEVE A PLACEMENT IS NOT IN THE BEST INTEREST OF THE ANIMAL OR POTENTIAL ADOPTIVE FAMILY. I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND YOU MUST BE 21 TO ADOPT FOR AWS. I ALSO UNDERSTAND AWS WILL COMPLETE A HOUSE VISIT/INSPECTION PRIOR TO ANY ADOPTION PLACEMENT DECISION. THE HOME VISIT FUNDAMENTALLY ENSURES THE ENVIRONMENT IS SAFE FOR THE DOG WITH NO OBVIOUS HAZARDS.**

Signature \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

NOTE: Jefferson County recently enacted an ANTI-TETHERING ordinance which sets strict time limits and requirements for having a dog outside for an extended period of time. Dogs under 6 months of age or in heat or pregnant dogs may not be tethered at any time.

**I acknowledge that I have been informed this ordinance exists [initial here] \_\_\_\_\_**