

Dog Adoption Questionnaire

Date:_____ AWS animal:_____ Interviewer:_____

Do You Qualify For Purina's PETS for Senior Program? (60 and over)

Yes___ No___

If yes: Date of Birth: _____ Male:___ Female: _____

1. Applicants Name: _____
2. Name of spouse or roommates: _____
3. Number of people in home: ADULTS: _____ CHILDREN: _____
Ages of children: _____
4. Occupations: _____/ _____
5. Mailing address: _____
6. Street address: _____
7. Telephone: Home-() _____ Work-() _____
8. Email address: _____
9. Type of dwelling: House___ Apt.___ Trailer___ Condo___
10. Do you own or rent your dwelling? Own___ Rent___
11. If you rent we will need a copy of your lease agreement, your landlords name, address, and phone number.
12. How long have you lived at this space? _____
13. What type of dog are you looking for? _____
14. What attracted you to this dog? _____
15. Is an adult home during the day? Yes___ No___
16. How many hours a day would the dog be left alone? _____
17. Are you looking for an indoor___ outdoor___ or an indoor/outdoor___ dog?
18. Where would the dog be during the day? _____
Indoors___ Outdoors___ Chained___ Others___
19. Where would the dog be at night? _____
Indoors___ Outdoors___ Chained___ Others___
20. What outside space is available to the dog?.....Fenced yard _____

- Kennel_____ patio_____leash walk_____ Unfenced yard_____
- Chained_____other_____
- *Height of fence_____ Approx. area of yard_____
21. Do you have any other pets? If so, # of cats_____ dogs_____
- Others_____ (please explain)
22. Have you ever adopted from a shelter before? Yes_____ No_____
23. Which shelter did you adopt from? _____
24. Have you ever surrendered an animal to a shelter before? Yes_____
- No_____ If yes, why? _____
25. Primary reason for adopting this dog? _____
26. Is anyone in the household allergic to animals? Yes_____ No_____
27. What type of animal is the person allergic to? _____

***ANIMALS ARE AS INDIVIDUAL AS PEOPLE. ARE YOU WILLING TO SPEND THE TIME AND EFFORT HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE? YES_____ NO_____

HOW MUCH TIME? _____

28. Under what circumstances would you not keep this dog? _____
29. If the dog became destructive, what would you do? _____
30. Would you object to an inspection of your premises by our staff? _____
31. Who is your vet? _____
32. How did you learn about us? _____

I UNDERSTAND THAT AWS RESERVES THE RIGHT TO REFUSE AN ADOPTION TO ANYONE IF THEY FEEL IT IS IN THE BEST INTEREST OF THE ANIMAL OR THE APPLICANT. I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE. I UNDERSTAND YOU MUST BE 21 TO ADOPT FOR AWS. I ALSO UNDERSTAND I MUST ALSO PASS A HOUSE INSPECTION BEFORE ANY ADOPTION WILL BE FINALIZED.

Signature_____

Drivers License # and State_____