Dog Adoption Questionnaire

Date:____________ Interviewer:____________

AWS animal ID #:____________ AWS Animal Name: ______________

Senior Adoption – Are you 60 years or older   Yes____ No____

Military Adoption – Are you Active or Retired Military 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 DISCRE- 
TION 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 IN-
TEREST OF THE ANIMAL OR POTENTIAL ADOPTIVE FAMILY. I CERTIFY THAT THE INFOR-
MATION 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 COM-
PLETE 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] __________