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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 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 fill out this questionnaire.

DOG(S) OF INTEREST: _____

PERSONAL INFORMATION

Name: _____ Age: Under 20 • 20-35 • 35-50 • 50+
Name of spouse • partner • roommate: _____
Street address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Cellular phone: _____ email: _____
Occupation: _____ Spouse's occupation: _____
Work schedule: _____ Spouse's hours: _____
Names of all persons living in your household, their relationship to you and their ages:

Please list two personal references and their relationship to you:
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

YOUR HOME

Type of dwelling? House • Apt • Condo • Other _____
 Own or Rent? If Condo, what are the association's rules about pets? _____
Your home has: 1 story • 2 stories
If you have yard: Fenced (height: _____ feet) • Unfenced
Does your home have a pool? Yes • No
If you have a pool, is it fenced? _____
How do you introduce a dog to pool? _____
Would you allow an inspection of your home by a rescue volunteer? Yes • No
If not a homeowner, do you have the landlord's permission to have a dog? _____
Landlord's name: _____ Phone: _____

YOUR COMPANION ANIMALS

Do you presently have a dog? <input type="checkbox"/> Yes • <input type="checkbox"/> No	Have you previously had a dog? <input type="checkbox"/> Yes • <input type="checkbox"/> No
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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

<p>Who would be responsible for the care of the dog? _____</p> <p>What is your primary reason for adopting a dog?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Companion • <input type="checkbox"/> Guard dog • <input type="checkbox"/> Fighting • <input type="checkbox"/> Hunting • <input type="checkbox"/> Attack dog • <input type="checkbox"/> Other</p> <p>If Companion, whose? <input type="checkbox"/> You • <input type="checkbox"/> Spouse • <input type="checkbox"/> Children • <input type="checkbox"/> Other pet • <input type="checkbox"/> Someone else (who?): _____</p> <p>Where would the dog sleep? <input type="checkbox"/> Inside (where? _____) • <input type="checkbox"/> Outside (where? _____)</p> <p>How many hours per day would the dog be left alone? _____</p> <p style="padding-left: 20px;">Where would the dog be left when he/she is alone? <input type="checkbox"/> Indoors • <input type="checkbox"/> Outdoors</p> <p style="padding-left: 40px;">If outdoors: <input type="checkbox"/> Yard • <input type="checkbox"/> Patio • <input type="checkbox"/> Kennel • <input type="checkbox"/> Garage • <input type="checkbox"/> Other</p> <p style="padding-left: 40px;">If yard: Do you have a doggie door? <input type="checkbox"/> Yes • <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Do you intend to hire a dog-sitter or take the dog to the daycare center? <input type="checkbox"/> Yes • <input type="checkbox"/> No</p> <p>When you are at home, the dog would be: <input type="checkbox"/> indoors • <input type="checkbox"/> outdoors • <input type="checkbox"/> other (where?) _____</p> <p>Which rooms or areas of the home/yard will be off-limits to the dog?: _____</p> <p>Do you allow dogs on furniture? <input type="checkbox"/> Yes • <input type="checkbox"/> No • <input type="checkbox"/> Some (which?) _____</p>
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(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? _____

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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: _____