## DOG ADOPTION QUESTIONNAIRE

Name of Animal ________________________  Animal ID# ____________________  Color____________________

### APPLICANT INFO

Name ________________________________________________  Age ____________________

Address ________________________________________________  City ____________________

State _______  Zip ____________  Email____________________________________________

Phone __________________________  Alt Phone __________________________  DL or ID# __________________________

Circle the option on each line that you feel best suits you and your home:

<table>
<thead>
<tr>
<th>I consider my home to be most like:</th>
<th>A library (calm &amp; quiet)</th>
<th>Middle of the road (sometimes quiet, sometimes a lot going on)</th>
<th>Grand Central Station (We have lots of people coming and going and a lot going on most of the time)</th>
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<tbody>
<tr>
<td>I have owned a dog before:</td>
<td>No</td>
<td>Yes: □ 2-10 yrs ago □ 10+ yrs □ Within the past year</td>
<td>I currently own a dog</td>
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<tr>
<td>When I’m home, I want my dog to be by my side:</td>
<td>Little of the time</td>
<td>Some of the time</td>
<td>Most of the time</td>
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<tr>
<td>When I’m not home, my dog will spend his time:</td>
<td>□ In the garage □ In a crate in the house</td>
<td>□ In the yard</td>
<td>□ Loose in the house □ Confined to one room</td>
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<td>My dog will be mostly an:</td>
<td>Inside dog</td>
<td>Outside Dog</td>
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<td>My dog needs to be able to be alone for:</td>
<td>Less than 4 hours a day</td>
<td>4-8 hours a day</td>
<td>More than 8 hours a day</td>
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<td>I want my dog to be:</td>
<td>Not very active</td>
<td>Middle of the road</td>
<td>Very Active</td>
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<td>I want a dog for:</td>
<td>Guard Dog</td>
<td>Companionship</td>
<td>Other</td>
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<td>I am comfortable doing:</td>
<td>No training</td>
<td>Some training</td>
<td>A lot of training</td>
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It is important to me that my dog: ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
How did you hear about P.A.W.S.?

- Friend/Family
- Social Media (Facebook/Twitter)
- Friends of Pflugerville Animal Shelter
- Television/Radio
- City Website
- Adoption Event
- Other ________________________________

Do you:  □ Own  □ Rent

If you rent, please list the landlord or rental agency’s contact information:

Name_________________________________ Phone number____________________________________

Does your rental agreement allow you to have a dog of this size and breed? ______________________

Number of People in the Household:  Adults_____  Children_____  Ages of Children________________________

Have you applied to adopt a pet from P.A.W.S. before?  □ Yes  □ No  If so, how long ago?____________________

What kind of pet?  □ Cat  □ Dog  □ Other

If you have previously adopted from us, what happened with that pet?______________________________

Provide the following information about any animals in your home (even if they do not belong to you):

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Age</th>
<th>Gender</th>
<th>Spayed or neutered?</th>
<th>Time in your care</th>
<th>Last Vet Visit</th>
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</table>

Are your pets up to date on vaccinations? ____________  Are your dogs on heartworm prevention? ____________

Do you have a veterinarian?  □ Yes  □ No  Vet Clinic Name & phone______________________________

Please check any topics you’d like to discuss with an adoption counselor:

- □ Feeding your pet  □ Challenging Behaviors
- □ Introducing your new pet to other pets  □ House Training
- □ Grooming/Training  □ Behavior Issues
- □ Where to keep your pet during the day, at night, or while at work.  □ Other ________________________________

I certify that all information provided is true and understand that false information may nullify this application and authorize Pflugerville Animal Welfare Services to verify the above information.

Applicant Signature: ____________________________________________  Date ______________________________