



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:

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

It is important to me that my dog: _____

