

KITTERY ANIMAL HOSPITAL AND CREATURE COMFORTS



DOG ADOPTION QUESTIONNAIRE

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Thank you for considering adopting an orphan from our shelter. You will be making a 10-15 year commitment to the dog you adopt and our goal is to help make the best match possible for you and the orphaned dog you are interested in. The following questions will help us achieve that goal.

Please specify the animal/animals you are interested in adopting _____

- 1) Do you currently live in a House Apartment Condo Other _____
- 2) Do you currently Rent Own Lease the residence where you live?
- 3) How long have you lived at your current residence? _____

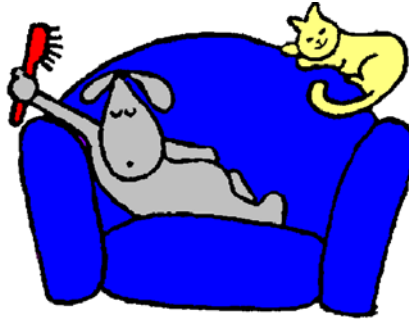
If not property owner, Kittery Animal Hospital has my permission to verify current pet policy

Landlord's Name _____ Phone Number (_____) _____

- 4) How many adults live in your home? _____
- 5) How many children? _____ Ages _____
- 6) Does anyone in your household have allergies? Yes No
- 7) Who will be primarily responsible for the care of this dog? _____
- 8) Is this dog a gift? Yes No If yes, for whom? _____
- 9) What size of dog are you looking for? Small Medium Large Extra Large
- 10) What attracted you to the dog you are interested in? _____

- 11) Which of the following best describes your reasons for wanting this dog? (Check all that apply)

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- Companion
 Guard Dog
 Hunting
 Breeding
 Obedience Training
 Search & Rescue
 Agility
 Jogging/Walking Buddy
 Couch Warmer

- 12) How many hours will the dog be alone each day? _____
- 13) Where will the dog be kept when no one is home? _____
- 14) Where will the dog be kept at night? _____
- 15) Do you have a fenced yard? Yes No
- 16) How high is your fence? _____
- 17) **Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own**

Breed	Age	Sex	Spayed/Neutered	Owned how long?	Does the pet still live with you? If not, what happened to him/her

- 18) If you have other pets, are their vaccinations current? Yes No
- 19) If you have other pets, are they currently licensed? Yes No
- 20) Do you have a regular veterinarian? Yes No Name _____

If using a different veterinarian service or clinic, Kittery Animal Hospital has my permission to contact vet to verify current pet vaccination status.

Veterinarian Name _____ Phone Number () _____

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21) Under what circumstances would you **not** keep this dog?

22) How much do you expect to spend per year to care for this dog (vet, supplies, food, toys) _____

23) Would your budget allow for emergency care should it become necessary? Yes No

24) Please check the topics you would like our staff to discuss with you today

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Houstraining | <input type="checkbox"/> Indoor vs. Outdoor | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Chewing |
| <input type="checkbox"/> Vaccines | <input type="checkbox"/> Introduction to other pets | <input type="checkbox"/> Crate Training | <input type="checkbox"/> Escaping |
| <input type="checkbox"/> Animal Laws | <input type="checkbox"/> Vacation with/without pets | <input type="checkbox"/> Exercise requirements | <input type="checkbox"/> Dogs and kids |

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Kittery Animal Hospital. I understand that all animals adopted from Kittery Animal Hospital must successfully pass a health and temperament screening before they are released from the shelter. Kittery Animal Hospital reserves the right to disapprove any application that does not meet our review process.

Signed _____ Date _____

Case Number _____ Reviewed by _____ Date _____