

Adoption Fee: CASH ONLY Adult Dogs: \$400.00 Puppies: \$550.00

DOG ADOPTION QUESTIONNAIRE

Date: _____ Name of Dog(s) _____

We need a verifiable identification. Driver's License #: _____

You must:

1. Be 18 years of age and have the knowledge and consent of all adults in your household.
2. If you rent, have the landlord's consent (copy of lease) to bring an animal onto the property.
3. If you own, bring proof of home ownership (utility bill, mortgage slip etc.)
4. Have a collar/leash for the dog.
5. Understand that the EGAPL has the right to deny your application.
6. Have all the animals you already own be up-to-date on shots and spayed/neutered (vet records)

Please fill in all the following information:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

How long have you lived at this address? _____ Do you plan to move? Yes No

Where do you live? House Apartment Dormitory Mobile Home With Parents

Phone: Home _____ Work _____
Cell/Pager _____

Email Address: _____ @ _____

Employer's Name: _____

Occupation: _____

Type of companion animal you are looking for: _____ Puppy _____ Adult Dog

Specific breeds/colors, etc.: _____

Animal characteristics most important to you:

____ Good with all dogs ____ Good with children ____ Energetic
____ Good with some dogs ____ Size (small, medium, large) ____ Mello
____ Good with cats ____ Housebroken Other: _____

Why are you interested in adopting a companion animal? (Check all that apply.)

____ Gift ____ For a child ____ Companion for me
____ To breed ____ Companion for another pet ____ Replace previous pet

___ For protection ___ Other: _____

Number of children in household: ___ Ages: _____

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Do you or anyone living in your household have any known allergies to animals? ___ Yes ___ No

If yes, to what kind of animal? _____ How severe? _____

Would you object to an in-home visit before final adoption? ___ Yes ___ No

Please list all your companion animals, past and present. Give as much information as possible about each one, starting with your present animals. (Name, Age, Male/Female, Neutered/Spayed, Current on Vaccinations, Surgical Alterations (i.e., tail docking, ear cropping))

Who is or will be your veterinarian? (Name, address, phone): _____

What yearly vaccines will your dog receive? _____

How do you plan to introduce your dog to other animals and/or people in the household? _____

Are you prepared to spend several weeks, or perhaps months, waiting for your new dog to adjust to their new environment or for you to adjust to this animal? _____

Tell us about the lifestyle you plan for your dog:

- Where will your dog be kept during the day? _____
- Where will your dog be kept at night? _____
- How many hours a day will it spend alone? _____
- What is the longest period of time the dog will be left unattended outside? _____

Do you have any of the following for your dog?

___ Completely fenced in back yard? If so, how high is the fence? _____
___ Dog house? ___ Training crate? ___ Outside run? ___ Basement ___ Garage

What brand of food will you feed your dog? _____

What are your beliefs regarding spaying/neutering? _____

Who will be primarily responsible for feeding/caring for your new dog? _____

Do you travel a great deal? Yes No If yes, how do you intend to provide for the dog while you are gone? _____

Have you adopted an animal from us before? Yes No If yes, which one? _____
When? _____ What is the animal's current status? _____

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Have you ever turned an animal into a shelter? Yes No If yes, what were the circumstances?

Which, if any, of the following behaviors/situations present a problem for you? How would you handle them?

Jumping on furniture/counters/tables? _____

Destroying furniture? _____

Chewing? _____

Barking? _____

Urinate/defecate where not acceptable? _____

Keeps you awake at night? _____

Sheds excessive hair? _____

Biting/nipping/play biting? _____

Ruins a favorite article of clothing? _____

Medical expenses (emergencies, medical condition)? _____

It costs \$600-\$800 to keep a dog for a year. Can you afford this? Yes No

Since many shelter animals have unknown medical backgrounds, are you prepared to provide and pay for any necessary medical treatment?
 Yes No

Under state law, adoption of a puppy requires neutering. If your dog/puppy is not spayed/neutered at adoption and you do not fulfill this requirement, the dog/puppy must be returned to us. Have you read and understood this?
 Yes No

Do you agree to not dock your dog's tails or ears? Yes No

Would you object to follow-up phone calls? Yes No

PLEASE READ CAREFULLY:

This application is designed to help us determine if the adoption is in the animal's best interest and to assist the potential adopter in finding an animal most compatible with his/her lifestyle. An unwise adoption can result in an unpleasant experience for adoptive families and may ruin the pet for any further adoptions. WE HOPE YOU WILL AGREE THAT THE ANIMAL'S WELFARE MUST BE OUR FOREMOST CONSIDERATION.

I understand the above questions. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested is cause for denial of adoption. I also understand that the adoption fee is not refundable if dog is returned.