



East Greenwich Animal Protection League

44 Worthington Road, Cranston, RI 02920

Dog Adoption Questionnaire

Adoption Fee: CASH ONLY

Adult Dogs: \$450

Puppies: \$600

In order to adopt from EGAPL, 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 the lease) to bring an animal onto the property.
If you own: Bring proof of home ownership (mortgage statement, tax bill etc.)
3. Have a collar/leash for the dog.
4. Understand that the EGAPL has the right to deny your application.
5. Agree that EGAPL has the right to run a background check.
6. Provide up-to-date vet records for all animals currently in your home (vaccinations, spay/neuter etc.)

Date: _____

Interested In Adopting _____
 (please list names in order of preference):
 1. _____
 2. _____
 3. _____

Applicant Information

Full Name: _____ Date of Birth: _____

Last
First
M.I.

Driver's License: _____

State/ License #
We are required to have proof of identification.

Address: _____

Street Address
City
State
Zip Code

Phone: _____ (Home) _____ (Cell)
 _____ (Work)

Email Address: _____

Employer's Name: _____

Occupation: _____

Where do you live? House Apartment Dormitory Mobile Home With Parents/Roommates Do you: Own Rent

How long have you lived at this address? _____ Do you plan to move *in the near future*? Yes No

Number of children in household: _____ Ages: _____

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

Are you looking for a: _____ 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) Mellow
 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 For Protection
 To breed Companion for another pet Replace previous pet Other: _____

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? Other: _____

What brand of food will you feed your dog? _____

What are your beliefs regarding spaying/neutering? _____

Who will primarily be 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? _____

Have you ever surrendered an animal to 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/table? _____

_____ 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)? _____

If costs \$800-\$1,000 to keep a dog for a year. Can you afford this? Yes No

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

Under Rhode Island state law, the adoption of a puppy requires neutering.
If your dog/puppy is not spayed/neutered at adoption and you do not fulfill this requirement by the due date on the adoption agreement, the dog/puppy must be returned to us.

Have you read and understood the above statement regarding your spaying/neutering responsibility? 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

Disclaimer and Signature

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 have a negative impact on the pet's chances 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.

Signature

Date

Return completed form to the Dog Adoption Coordinator.

For EGAPL Use Only

_____ Landlord Verification or Proof of Ownership Provided

_____ Veterinary Records Provided