



118 East Lincoln Avenue | Chariton, IA 50049

(641) ???-???? | manager@almosthomear.com

www.almosthomear.com

# DOG ADOPTION QUESTIONNAIRE

It is our policy to make sure every person who adopts a dog is aware of the responsibility of owning a pet. By completing this questionnaire, you will aid us in determining if you and your family are ready for these responsibilities.

## BASIC INFORMATION

Dog(s) of interest: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION

Adopter's Name: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Housing

Do you rent or own?  Rent  Own

If you rent, provide your landlord's name, address, and phone number.

\_\_\_\_\_

If you rent, do you have permission to get a dog?  Yes  No

Does your landlord require a pet deposit or fee?  Yes  No

## About Your Family

Do you have children?  Yes  No

If yes, please list name and age of each child:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## GENERAL QUESTIONS

**When and why did you decide to get a dog?**

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**What are you looking for in a dog?**

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**Who will primarily be responsible for taking care of the dog?**

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**How often and what method will you use to exercise the dog?**

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Are you prepared to walk or exercise your dog in inclement weather?  Yes  No

Do you have a fenced yard?  Yes  No If yes, type/height: \_\_\_\_\_

Where will the dog stay when no one is home? \_\_\_\_\_

When are you typically home? \_\_\_\_\_

At night? \_\_\_\_\_

**Who will care for your dog when you are out of town? (Vacation, etc.)**

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## GENERAL QUESTIONS

If the dog becomes destructive, how would you handle that situation?

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If the dog has issues potty training, what is your plan?

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If the dog becomes aggressive towards people or other animals, what is your plan?

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Under what conditions would you have to give up your dog?

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If the dog becomes ill or injured, are you financially prepared to pay for medical care?  Yes  No

What is the maximum amount you would spend on vet care for your dog? \_\_\_\_\_

Would you object to an inspection of your premises by staff?  Yes  No

Are you willing to cooperate with follow-up phone calls and/or home visit?  Yes  No

Do you have any additional comments/concerns: \_\_\_\_\_

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## VET INFORMATION

Current Vet Clinic Name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

## CURRENT/PREVIOUS PET INFORMATION

Please provide the following information about your current pets:

Animal Name:                      Type/Breed:                      Age:                      Spayed/Neutered:                      How long you've had pet:

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If applicable, please provide the following information about pets no longer with you. (Within last 5 years)

Animal Name:                      Type/Breed:                      Reason:

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## ADOPTION AGREEMENT

- I am prepared to make a lifetime commitment to my dog. (A dog's average lifespan is 10-13 years.)
- I will work with my vet and agree on a regular schedule for wellness visits and other testing my dog needs.
- I am financially able to provide routine and emergency care for my dog. This includes, but is not limited to food, boarding, and regular vet care.
- If, for any reason, I am unable or unwilling to keep this dog, I agree to return the pet and/or work with Almost Home Animal Rescue in re-homing the animal.

## SIGNATURE

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### STAFF USE ONLY:

Match living situation?     Yes     No  
Landlord approval?         Yes     No     N/A - Owns home  
Vet reference?                 Yes     No

Adoption Status?             Approved     Denied

Staff Member Completing Checks: \_\_\_\_\_

Reason: \_\_\_\_\_