



1145 West Highway 80, Suite F
Pooler, GA 31322
912-748-9718

ADOPTION QUESTIONNAIRE

It is our policy to make certain that each person who adopts a dog is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically, and financially. Not every person who desires to adopt a dog should do so.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet guardianship, and if the dog of your interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

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DOG(S) OF INTEREST: _____

PERSONAL INFORMATION

Name: _____
Street address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Cellular phone: _____ e-mail: _____
Occupation: _____ Spouse's occupation: _____
Work schedule: _____ Spouse's hours: _____
Names of all persons living in your household, their relationship to you and their ages:

YOUR HOME

Type of dwelling? House Apartment Condo Other _____
Do you own or rent? _____
If rent or condo, what are your rules about pets? _____
Does your home have a pool? Yes No
If you have a pool, is it fenced? Yes No
Would you allow an inspection of your home by a rescue volunteer? Yes No
If not a homeowner, do you have the landlord's permission to have a dog? _____
Landlord's name: _____ Phone: _____

YOUR COMPANION ANIMALS

Do you presently have a dog? Yes No Have you previously had a dog? Yes No

If you presently have or had dogs in the past, please complete the charts below. In the column, " what happened," write: Gave away, sold him/her, took to the pound, abandoned, died, etc. (If the dog died, please state cause of death.)

CURRENT DOG(S)

Name and breed	Age	Sex	Altered?	How and why obtained?	How long?

PREVIOUS DOG(S)

Breed	Age	Sex	Altered?	Kept in/out?	What happened?	What year?

Have any of your dogs ever had puppies? Yes No
 If yes, you breed for: Fun Profit Show Accident
 Has any family member experienced animal related allergies? Yes No
 Have you ever trained a dog in obedience classes? Yes No
 Have you ever trained a dog? Basic commands Herd Hunt Guard/Attack Other _____

If you have other pets, please complete the following chart:

Species	How many?	Ages	Kept where?	Since what year?	If cat, declawed? If yes, why?

Your family veterinarian:

Name:	Phone:
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YOUR NEW DOG

Who would be responsible for the care of the dog? _____
 What is the primary reason for adopting a dog?
 Companion Guard dog Fighting Hunting Attack dog Other _____
 If companion, whose? You Spouse Children Other pet Someone else (who?) _____
 Where would the dog sleep? Inside (where _____) Outside (where _____)

How many hours a day would the dog be left alone? _____

Where would the dog be left when he/she is alone? Indoors Outdoors

If outdoors: Yard Patio Kennel Garage Other _____

If yard: Fenced (height: _____ feet) Unfenced

When you are home, the dog will be: Indoors Outdoors Other(where?) _____

If the dog will be outside at all, what space is available for the dog?

Yard Patio Dog run Balcony Unfenced yard Other _____

How do you plan to handle dog's exercise needs? _____

Do you travel a great deal? Yes No

When you do travel, how do you intend to provide for the dog while you are gone? _____

Under what circumstances would you **not** keep the dog?

- Divorce Illness in family Moving New baby New job Houstraining problems
- Chewing Barking Digging Allergy Shedding too much Dog grew too big
- Dog became ill Kids ignore dog Pets didn't get along Not obedient enough
- Other _____ * Would not give up for any of the above

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

Are you aware your dog needs monthly heartworm and flea preventative at your cost? Yes No

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Is there anything else you would like to tell us about yourself?

Questionnaire Information: All of the above information I have provided in this Questionnaire is true and correct. If any of the information changes, I will advise you promptly.

Signature: _____ Date: _____

Print name: _____