



# Puppy/Dog Adoption Questionnaire

Thank you for your interest in adopting from the Fayette Humane Society

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

**About the dog you wish to adopt** Name \_\_\_\_\_

What is your ideal dog and why? \_\_\_\_\_

Desired age: \_\_\_\_\_ Size: \_\_\_\_\_ Breed/mix: \_\_\_\_\_

What energy level are you looking for in a new dog?

**High** – needs lot of exercise, long walks, running

**Medium** – daily walks, moderate exercise

**Low** – senior or couch potato, yard time is sufficient

Where and how will the dog spend the day? \_\_\_\_\_

How long will he/she be alone on a typical day? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

## Your Veterinarian

Do you agree to provide regular health care by a licensed veterinarian?  Yes  No

Do you currently have a veterinarian?  Yes  No

Vet/Clinic name \_\_\_\_\_ Phone \_\_\_\_\_

Current dog's name(s) and breed(s) \_\_\_\_\_ Age \_\_\_\_\_

Previous dog's name(s) and breed(s) \_\_\_\_\_ Age \_\_\_\_\_

First time dog owner? Yes  No

Owner's name the vet records are filed under \_\_\_\_\_

*(By providing FHS with this information you are giving us permission to call your vet to verify your vet history. Please ask your vet's office to authorize the release of information to FHS)*

Are/were your dogs up to date on vaccinations?  Yes  No (please explain \_\_\_\_\_)

Are/were your dogs on heartworm prevention?  Yes  No (please explain \_\_\_\_\_)

Are/were your dogs spayed or neutered?  Yes  No (please explain \_\_\_\_\_)

## Family and Housing

How many adults are in your household and their relationship to you? \_\_\_\_\_

How many children? \_\_\_\_\_ Ages \_\_\_\_\_

What type of home do you live in? \_\_\_ Single family \_\_\_ Apartment \_\_\_ Town home \_\_\_ Farm

Are you aware of your HOA or rental management's pet policy? \_\_\_ Deposit \_\_\_ Breed/Size restriction

Please describe your household: \_\_\_ Active \_\_\_ Noisy \_\_\_ Quiet \_\_\_ Average

Are there other types of pets are currently living in your home? \_\_\_\_\_

Do you have a fenced yard? Describe \_\_\_\_\_

*(Some dogs require a fenced yard)*

Please add any comments below that you want us to know about you:

---

---

---

## What additional information can we help you with?

- |   |   |
|---|---|
| <input type="checkbox"/> Housebreaking / Crate Training | <input type="checkbox"/> Basic Obedience Training           |
| <input type="checkbox"/> Barking / Chewing              | <input type="checkbox"/> Introducing new dog to current pet |
| <input type="checkbox"/> Separation Anxiety             | <input type="checkbox"/> Finding a Veterinarian             |
| <input type="checkbox"/> Why spay/neuter your pet       | <input type="checkbox"/> Heartworm disease                  |
| <input type="checkbox"/> Flea and tick prevention       | <input type="checkbox"/> Volunteer with FHS                 |

This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examinations and vaccinations under the supervision of a licensed veterinarian.

**My signature guarantees that I am at least 18 years old and the information I have provided is accurate and truthful.**

Signature \_\_\_\_\_

Date \_\_\_\_\_