

Animal Care League Dog Adoption Questionnaire

Your name: _____ Today's Date _____

Address: _____

City/ State/ Zip _____

How would you like to be contacted following the adoption? Phone Email

Phone: _____ Alt Phone: _____

Email Address: _____

Your Occupation: _____ Student? Yes No

Please indicate your age group: under 16 17-20 21-40 41- 59 60 or over

Where did you hear of the ACL: Newspaper Website Friend ACL Offsite Table Other _____

I'm interested in adopting:

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> Puppy (2 to 6 months) | <input type="checkbox"/> Male | <input type="checkbox"/> Small (up to 25 lbs) |
| <input type="checkbox"/> Young Dog (6 to 12 months) | <input type="checkbox"/> Female | <input type="checkbox"/> Medium (26-50 lbs) |
| <input type="checkbox"/> Adult Dog (1 to 7 years) | <input type="checkbox"/> Either | <input type="checkbox"/> Large (51-80 lbs) |
| <input type="checkbox"/> Older dog (over 7 years) | | <input type="checkbox"/> XLarge (80 lbs and over) |

Why I want a pet: (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Companionship for my kids | <input type="checkbox"/> To love and care for |
| <input type="checkbox"/> Protection/Guard Dog | <input type="checkbox"/> Hunting or Field work |
| <input type="checkbox"/> Canine Sports (agility, obedience competitions) | <input type="checkbox"/> Company for my other pet(s) |
| <input type="checkbox"/> Gift | |

Do you have a fenced in yard? Yes No

Are you looking for a dog to take to the dog park? Yes No

Housing Information:

Do you live in a:

- House
 Condo
 Apartment

Do you:

- Live with Parents
 Own
 Rent -Landlord name and Number:

Number of Adults in your home: _____ Number/Ages of Children: _____

Does anyone in your home suffer from allergies? Yes No If yes, who and to what?

Where will you keep your new pet? (check all that apply)

- Run of the house Basement Outside in a dog house Run loose in yard
 At work with you Other _____

How many hours per day, on average, will your dog be alone? _____

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For Office Use Only

Adoption Status:

- Approved
- Conditional Approval
Reason(s):
- Denied: Comments:

Emergency Contact:

Name: _____

Phone: _____

Landlord Approval
Pet's

Name: _____

ACL #: _____

Staff Approval:

Current Pet Information

Do you currently have a dog or cat? no yes If yes, please list below:

Breed or Description	Gender	Altered	Age	Last Vet Visit
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/>				

Veterinarian: _____

Phone: _____

Past Pet History

Have you ever adopted a pet from a Shelter or Humane Society in the past? Yes No

Have you ever released an animal to a Shelter or Humane Society in the past? Yes No

Please list other pets you have had as an adult:

Breed or Description	Gender	Altered	Length of ownership	Where is he/she now?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

As you go through the adoption process, please remember that you are making a 10-20 year commitment to your new pet.

By signing below, I certify that the information provided on this application is true and I recognize that any misrepresentations of facts may result in losing adoption privileges. I authorize investigation of all statements in the application and understand that veterinarians, landlords, other humane agencies, etc. may be contacted. I further understand that the adoption of an animal may be delayed until this information can be verified. If, at any time, representatives from the Animal Care League and/or local authorities determine the adopted animal is being abused, or neglected, this adoption is void and ownership will revert back to the ACL.

Signature _____

Date _____