

**Adoption Questionnaire**

Our Adoption Process:

1. Fill out questionnaire as completely and honestly as possible. There are no wrong answers!
2. Have a conversation with an Adoption Coordinator
3. A volunteer will visit your home while we speak with your landlord and vet(s) (if applicable)

Tell us about yourself … (feel free to continue on the back!)

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| Name |  | | | | | | | | | E-mail | | |  | | | | | | | |
| Street Address |  | | | | | | | | | Housing Type:  (if apartment note #): | | | | | | |  | | | |
| City |  | | | | | | | State | |  | | | | | | | | Zip | |  |
| Home Phone | |  | | | | Cell Phone | |  | | | | | | | Work Phone | | | | |  |
| Are you renting? Do you have breed/size/number or weight restrictions? Can you provide proof?  *(****Please provide landlord name and phone****)* | | | | | | | |  | | | | | | Employer/School | | | | |  | |
| How many people live in your home *(****Please provide your birthdate, ages & relationship of everyone else in the home****)* | | | | | | |  | | | | | | | | | | | | | |
| What is your daily schedule? How long are you away from home on any given day? | | | | | | |  | | | | | | | | | | | | | |
| Tell us about your Dream Dog | | | What dog(s) are you interested in (Please provide name from website) | | | | | | | | |  | | | | | | | | |
| When are you hoping to adopt? | | | | As soon as possible In the next week In the next two weeks In the next month approx date: \_\_ | | | | | | | | | | | | | | | | |
| What age dog? | | **Senior (over 9 yrs) Adult (3-8 yrs) Juvenile (6 months -3 yrs) Puppy (under 6 months)** | | | | | | | | | | | | | | | | | | |
| Do you have a sex preference? | | | | |  | | | | | | Do you have a breed preference? | | | | |  | | | | |
| Do you have a size preference? | | | | |  | | | | | | | | | | | | | | | |
| What characteristics are you looking for in a dog? | | | | | | | | |  | | | | | | | | | | | |
| What “normal” dog/puppy behavior challenges are you prepared to deal with? (e.g., chewing, housebreaking, barking etc.) | | | | | | | | |  | | | | | | | | | | | |
| What behaviors concern you the most? Would these cause you to return the dog to Lucky Dog? | | | | | | | | |  | | | | | | | | | | | |
| What exercise and socialization plans do you have for your dog? Do you plan on hiring a dog walker, going to dog parks or doing to daycare? Enrolling in obedience school? | | | | | | | | |  | | | | | | | | | | | |
| Please provide the name and age of all current pets. If you have had previous pets, please provide their names and what happened to them. | | | | | | | | |  | | | | | | | | | | | |
| **Please provide the name and phone number of the vet you use** for your current pets and/or the name/phone number of the vet you used for previous pets. | | | | | | | | |  | | | | | | | | | | | |