



Dog Adoption Questionnaire

Date: _____ Interviewer: _____

AWS animal ID #: _____ AWS Animal Name: _____

Senior Adoption - Are you 60 years or older Yes ___ No ___

Military Adoption - Are you Active or Retired Military Yes ___ No ___

Applicants Name: _____

Name of spouse or roommates: _____

Number of people in home: ADULTS: _____ CHILDREN: _____ Ages of children: _____

Applicant Occupation: _____ Spouse/Partner/Roommate _____

Mailing address: _____ City: _____ ST: ___ Zip: _____

Street address: _____ City: _____ ST: ___ Zip: _____

Telephone: Home: () _____ Work: () _____ Cell: () _____

Email address [Please Print]: _____

Type of dwelling: House [] Apt. [] Trailer [] Condo []

Do you own or rent your dwelling? Own [] Rent []

If you rent we will need a copy of your lease agreement, your landlords name, address, and phone number.

How long have you lived at this space? years _____ months _____

What type of dog are you looking for? _____

What attracted you to this dog? _____

Is an adult home during the day? Yes [] No []

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

Are you looking for an indoor outdoor or an indoor/outdoor dog?

Where will the dog be kept during the day? Indoors ___ Outdoors ___ Chained ___

Other [Please explain] _____

Where would the dog be at night? Indoors [] Outdoors [] Chained []

Other [Please explain] _____

What outside space is available to the dog? Fenced yard [] Unfenced yard [] Kennel [] Patio area []

leash walk [] Chained [] Other _____

*Height of fence _____ Approx. area of yard available to the dog? _____

Do you have any other pets? If so, number of dogs _____ Ages _____ / cats _____ Ages _____

Other [Please explain] _____

Have you ever adopted from a shelter before? Yes [] No []

Which shelter did you adopt from? _____

Have you ever surrendered an animal to a shelter before? Yes [] No []

If yes, why? _____

Primary reason for desiring to adopt this dog? _____

Is anyone in the household allergic to animals? Yes [] No []

What type of animal is the person allergic to? _____

ANIMALS ARE AS INDIVIDUAL AS PEOPLE. ARE YOU WILLING TO INVEST THE TIME AND EFFORT NECESSARY HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE? YES_____ NO_____

HOW MUCH TIME? _____

Under what circumstances would you return this dog to us? _____

If the dog became destructive, what would you do? _____

AWS staff may conduct a home visit of your premises? Yes [] No [] **no answer may disqualify the applicant**

Name of your current veterinarian/clinic: _____

Veterinarian phone number: () _____

How did you learn about us? _____

I UNDERSTAND THAT DECISIONS RELATED TO PLACING AN ANIMAL ARE AT THE SOLE DISCRETION OF THE ANIMAL WELFARE SOCIETY OF JEFFERSON COUNTY (AWS). AWS RESERVES THE RIGHT TO REFUSE AN ADOPTION SHOULD WE BELIEVE A PLACEMENT IS NOT IN THE BEST INTEREST OF THE ANIMAL OR POTENTIAL ADOPTIVE FAMILY. I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND YOU MUST BE 21 TO ADOPT FOR AWS. I ALSO UNDERSTAND AWS WILL COMPLETE A HOUSE VISIT/INSPECTION PRIOR TO ANY ADOPTION PLACEMENT DECISION. THE HOME VISIT FUNDAMENTALLY ENSURES THE ENVIRONMENT IS SAFE FOR THE DOG WITH NO OBVIOUS HAZARDS.

Signature _____

Drivers License # _____ State _____

NOTE: Jefferson County recently enacted an ANTI-TETHERING ordinance which sets strict time limits and requirements for having a dog outside for an extended period of time. Dogs under 6 months of age or in heat or pregnant dogs may not be tethered at any time.

I acknowledge that I have been informed this ordinance exists [initial here] _____