

DOG ADOPTION QUESTIONNAIRE

(For Office Use Only)

Dog's Name:

Address:

Approved ()

Pending ()

Postal Code:

City:

Reason:

Cell:

Telephone:

Email:



GENERAL INFORMATION

Birthdate:

1. Who will have the primary responsibility for this dog?

2. Have you had dogs before? (A)Yes (B) No

3. What happened to them?(If Yes)

4. Have you surrendered or given away a pet? .(A) Yes (B)No

If yes, please provide the reason:

5. How many hours of exercise can you give your dog?

6. What would you enjoy doing with your dog?

.On-leash walking

.Off-leash walking

.Jogging

.Cycling

.Other



7. Who are you adopting this dog for? (A)Myself (B)Others

8. Number of adults (18 + years) at home:

9. Number of children at home:

10. Any visiting children? (A)Yes (B)No

11. Any allergies in the family? (A)Yes (B)No

12. How busy is your family's schedule? (A)Very busy (B)Busy (C)Not busy

13. How would you describe yourself? (A)Nervous (B)Loud (C)Calm (D)Quiet

14. Are you planning on the following in the next month? (A)Moving (B)Holiday (C)Change in schedule

15. Where will your dog stay during holidays?(A)At home with care (B)Boarding (C)Other

YOUR HOME

1. What type of home do you live in?(A) House (B)Apartment

2. Do you: (A)Own (B)Rent

3. Do you have your landlord's permission to have pets? (A)Yes (B)No

4. Please provide us with contact information of your landlord

5. Do you have other pets in your household?(A) Yes (B)No

If yes, please list them:

Name:

Type:

Age:

Sex:



Please provide the name and phone number of your vet:

PROBLEMS YOU ARE WILLING TO WORK ON

Separation anxiety .Excitability .Mild aggression .Obedience .House training .Fearfulness

Reaction to other dogs :

.Barking-

.Vocalization-

I am not willing to work on any problems

I need more information to decide

-Tick the appropriate answer & add if necessary.

I would like my dog to :

(A) Be friendly with Children

(B) Be friendly with other dogs

(C) Be friendly with me

(D) Be friendly with visitors to the house.

-I need a dog that is already trained

I am first time dog owner

I have lots of experience and could handle a difficult dog

-Under what circumstances would you return your dog?

.Moving .Too costly .New baby .Aggression .Medical reasons .Not enough time
.Behaviour problem



Comments:

-Have all the members of your household met the dog?(A) Yes (B)No

-Have you ever been convicted of neglect or cruelty to animals? (A)Yes (B)No

-Are you willing to have an Aashray Representative do a home visit by appointment?

Yes

No

-If not, why?

False information will lead to automatic rejection of the application.
Aashray reserves the right to refuse any applicant.

I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship.



Applicant signature:

Date:

Name:

Place:

Thank you for completing the questionnaire.

This information will help us match you with the right pet for your family.

