

PRE-ADOPTION QUESTIONNAIRE

Ownership of a Dog is a serious responsibility requiring a long-term commitment. This questionnaire has been designed to evaluate potential adopters and address the suitability and permanence of each Dog placed in a home. Please answer all questions completely. Once approved, an Adoption Application must be filled out and a Home Inspection conducted. Please note that **UAF does not ship animals.**

DOG INFORMATION

Dog's name: _____
Breed(s): _____ Color(s): _____

ADOPTER INFORMATION

Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

of Adults: _____ # and Ages of Children: _____

Describe the activity level of your household: Quiet Moderately Active Active Very Active

Have you ever adopted a pet from a shelter or rescue group? Yes No

Have you ever surrendered an animal to a shelter or rescue group? Yes No

If yes, when and for what reason? _____

Do you currently own a dog? Yes No Spayed/Neutered? Yes No

If yes, describe breed, age and temperament: _____

Do you have any other pets? Yes No

If yes, describe breed, age and temperament: _____

What animals have you had in the past? _____

What would cause you to return animal to UAF? _____

RESIDENCE INFORMATION

Residence: Own Rent Lease House Condo Apart Mobile Duplex Other

If you rent or lease: Landlord Name: _____ Phone # _____

How Long at Present Address? _____ Plan to Move in Near Future? Yes No

Community Covenant-Controlled or Restricted? Yes No

If so, is there a breed or size restriction? Yes No

Do you have a fenced yard? Yes No Height? _____ Size (WxL)? _____

Construction? Chainlink No-Climb Wood Block Electric Other

Describe any hazards (swimming pool, spa, shrubs, etc.) and how the dog will be protected from them: _____

DOG CARE AND HOUSING

Who is the dog for? _____

Why do you want to adopt this dog? _____

Who will be responsible for the care of the dog? _____

Who will be responsible for the training of the dog? _____

What Brand of dog food will the dog be fed? _____

How often will the dog be fed? Once a day Twice a day Free Fed Other: _____

Where will the dog stay? During the day? _____

During the night? _____ During vacation? _____

How many hours will dog be without human companionship?

During the day? _____ During the night? _____

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VETERINARIAN INFORMATION

Do you have a veterinarian? Yes No Name: _____
Address: _____ Phone # _____

CERTIFICATION OF INFORMATION

I agree to the following:

To contact United Animal Friends if I should become unable to keep the dog.

To a home visit conducted by a United Animal Friends volunteer.

To the need for screening of adopters.

I certify that the information supplied on this interview is true and correct.

Signature: _____ Date: _____

Signature: _____ Date: _____