

## 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  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: \_\_\_\_\_