

# UNITED ANIMAL FRIENDS ON A RESCUE MISSION

P.O. Box 11133 Prescott, AZ 86304 • 928.778.2924 • www.unitedanimalfriends.org

## Matchmaking Questionnaire – Dogs

United Animal Friends (UAF) is dedicated to matching each dog in our care with the most compatible home. Submission of this questionnaire does not obligate you to adopt, nor does it guarantee that you will be selected to adopt. Incomplete applications will not be considered. United Animal Friends will conduct a search of public records on all applicants, including a criminal database check. By submitting this application, you give United Animal Friends express authorization to contact your veterinarian and landlord, if applicable, and you agree to a home visit conducted by a qualified United Animal Friends volunteer.

### Dog(s) of Interest

Someone already caught your eye? If so, please specify: \_\_\_\_\_

### Family Information

Number of adults in household \_\_\_\_\_ Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_

Full name(s) & date(s) of birth of all adults in home:

Adult #1 \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth

Adult #2 \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth

*If additional adults in household, please add to comment section at end of this form*

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address Adult #1 \_\_\_\_\_ Adult #2 \_\_\_\_\_

### Residence Information

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

House  Condo  Mobile  Duplex  Apartment

Do you own or rent your home?  Own  Rent

How long at present address? \_\_\_\_\_ Plan to move in near future?  Yes  No

Does your community restrict the number, breed or size of pets?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have a fenced yard?  Yes  No Height \_\_\_\_\_ Approx. size of fenced area \_\_\_\_\_

Type of fencing material:  Chain link  No-Climb  Wood  Block Other \_\_\_\_\_

Does your home have a pool?  Yes  No Is your pool fenced?  Yes  No

Required if you rent: Landlord's name \_\_\_\_\_ Phone # \_\_\_\_\_

## Matchmaking Preferences and Background

Preferred Age:  Under 6 months     0-1 year     1-2 years     2-4 years  
 4-6 years     6 or more years     No preference

Gender:  Male     Female     No preference

Coat length:  Short     Medium     Long     No preference

Size:  Small (under 25 lbs)     Medium (25-40 lbs)     Large (40+ lbs)     No preference

Primary breed(s): \_\_\_\_\_

Color or other characteristics: \_\_\_\_\_

What activity level do you want your new dog to have?

High     Medium     Low     No preference

In which activities do you want your new dog to participate with you/your family? (check all that apply)

Hiking     Travel     Jogging     Camping     Relaxing  
 Bicycling     Swimming     Agility     Boating     Play with kids  
 Play ball     Other \_\_\_\_\_

Who will be responsible for the care of the dog? \_\_\_\_\_

What brand of food will the dog be fed? \_\_\_\_\_

How often will the dog be fed?     Once daily     Twice daily     Free-fed

Where will the dog stay during the day? \_\_\_\_\_ At night? \_\_\_\_\_

During vacations? \_\_\_\_\_

How many hours per day will your dog be unattended? \_\_\_\_\_

Are you familiar with crate training?     Yes     No    Will you crate train?     Yes     No

Please check the reason(s) why you want to adopt a pet at this point in your life:

Want a companion     Playmate for child(ren)     Playmate for pet(s)

Do you currently have a dog or dogs?     Yes     No    If yes, how many? \_\_\_\_\_

If yes, describe breed, sex, approximate weight and temperament \_\_\_\_\_

Do you currently have a cat or cats?     Yes     No    If yes, how many? \_\_\_\_\_

If yes, describe breed, sex, approximate weight and temperament \_\_\_\_\_

Is your pet(s) spayed/neutered?     Yes     No    Up to date on vaccinations?     Yes     No

Do you have a veterinarian?     Yes     No

Vet's Name \_\_\_\_\_ Phone # \_\_\_\_\_

What animals have you had in the past? \_\_\_\_\_

What would cause you to return this dog? (check all that apply)

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Not compatible with other pets |
| <input type="checkbox"/> New baby   | <input type="checkbox"/> Housetraining            | <input type="checkbox"/> Does not play ball (catch)     |
| <input type="checkbox"/> Moving     | <input type="checkbox"/> Personal health issues   | <input type="checkbox"/> Dog's health issues            |
| <input type="checkbox"/> Vet bills  | <input type="checkbox"/> Destructive behavior     | <input type="checkbox"/> Kids not taking care of pet    |
| <input type="checkbox"/> Job change | <input type="checkbox"/> Aggressiveness           | <input type="checkbox"/> None                           |

Have you ever adopted a pet from United Animal Friends?  Yes  No

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

How did you hear about UAF?

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> UAF website    | <input type="checkbox"/> Petfinder      | <input type="checkbox"/> Facebook     | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> UAF newsletter | <input type="checkbox"/> Adoption event | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Friend        |

**Acknowledgement and Agreement**

I understand that United Animal Friends will conduct a search of public records on all applicants, including a criminal database check. By submitting this application, I give United Animal Friends express authorization to contact my veterinarian and landlord, if applicable. I agree to a home visit conducted by a qualified United Animal Friends volunteer.

I understand that submission of this questionnaire does not obligate me to adopt, nor does it guarantee that I will be selected to adopt, and that the decisions of the application review board are final.

I certify that the information supplied in this application is true, accurate, and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional Comments and/or Information**

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