

Office Use Only

Good Match? _____

Not a Good Match _____

Landlord Approval? _____

(initial above when checked)



Note: All adoptions are first come (first to turn this form in, with landlord approval, and matchmaking assessment) first served. A deposit is required to put a pet on "hold". Please fax form to: 406/222-8752 or email to info@staffordanimalshelter.org. We'll contact you during our business hours, Tuesday – Saturday 12 pm to 5 pm. We hope to send your new best friend home with you soon!

STAFFORD ANIMAL SHELTER



CANINE ADOPTION QUESTIONNAIRE

DOG'S NAME: _____

APPLICANT INFORMATION

Name _____ Date _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____ Email _____

(Please provide email for Shelter Care Insurance)

Home Phone _____ Work Phone _____ Cell Phone _____

How long at this address? _____ Any plans to move? _____

Number of people in household _____ Does anyone in household have allergies to dogs? _____

Number of children in household and their ages: _____

Are all household members aware of and agree to this adoption? _____

Are you presently employed? _____ Full time _____ Part Time _____ Work at home _____

Student _____ Retired _____ Unemployed _____

Name of Employer _____

GENERAL INFORMATION

Type of Residence House ___ Apartment ___ Condo ___ Mobile Home ___ Other (describe) _____

Do you own ? _____ Do you rent? _____ If you live in a mobile home, do you rent the property? _____

Are you on a Rent-to-Own plan? _____

Landlord's or Manager's name and phone number _____

Housing location: City limits ___ County limits ___ On busy road ___ Slight traffic ___ County road _____
Residential area _____ Rural or Ranch area _____ Other _____

Have you owned a dog before? _____

Where will dog live? Mostly Inside _____ Outside only _____

Where will the dog spend nights? Inside _____ Outside _____

Do you have a fenced yard _____ If yes, how high _____ Type of fence _____

How many hours per day will the dog be alone? _____ Where will the dog stay when alone? _____

What words describe the activity level of your home on an average day? Busy___ Noisy___ Active___ Quiet___

Calm___ Strangers stop by often___ Other animals (i.e. neighborhood pets) come into yard___

How do you plan to provide exercise for this dog? _____

If you and your family are away, who will care for the dog? _____

What behavior/s from this dog would cause you to return the dog? Please specify _____

Are you able and willing to take responsibility (financial and otherwise) if this dog acquires an illness? _____

Are you aware of and able to pay the veterinary costs of caring for this dog? _____

Are you willing to take the time to work with a dog on housebreaking, chewing, or other behavior issues? _____

Would you consider obedience training for your new dog? ___ Do you consider a dog a part of the family? _____

Will it be a working dog? _____ What kind of job? _____

Are you prepared to allow for an adjustment period to allow for the dog to get comfortable? _____

Are you aware that a dog is a large and lifelong commitment? _____

If you move, what will you do with this dog? _____

PET INFORMATION

Have you had pets in the last five years ____ If yes, complete the following chart:

Name	Species	Age	Had how long?	Spayed/Neutered?	Inside/Outside?	Where is pet now?

Who is your Veterinarian? _____ Phone _____

City _____

I understand the information I have given will be verified by the Stafford Animal Shelter. We will confirm landlord permission and call your veterinarian. In addition, we reserve the right to request a home visit before adoption. This information will be held in confidence and used only by the Stafford Animal Shelter. **The Stafford Animal Shelter requires up to 72 hours for information to be processed. You will be notified as soon as possible as to the status of your application.**

Signature _____ Date _____

I certify that I am at least 18 years of age and the information provided is correct to the best of my knowledge. I understand that the Stafford Animal Shelter reserves the right to deny any application for any reason. Providing false information may result in the denial of the adoption and/or the reclamation of the adopted animal. I am fully aware that I am adopting a living creature and that the Stafford Animal Shelter is unable to guarantee the health of any animal. I understand that I may return the animal to the Stafford Animal Shelter if it has an illness diagnosed by a licensed Veterinarian within the 7 day Test Drive period. I understand that if I choose to treat the animal for any illness that develops, I do so at my expense.

Signature _____ Date _____

