



Adoption Questionnaire

This questionnaire has been designed to help us in determining if potential adoption homes are prepared to assume the type of responsible fostering or ownership we strive to assure for our rescued animals. Our goal is to be thorough; not invasive. Please answer all questions honestly and feel free to add your own comments. Please keep in mind that providing false information will result in the nullification of this application. Thank you.

Completion of this application does not guarantee adoption or fostering of this pet.

Date: _____ Desired dog: _____

Name of Applicant: _____ Age ____ Occupation: _____

Spouse/Significant other: _____ Age ____ Occupation: _____

If this relationship were to change, with whom would the dog(s) remain?

Any other occupants in home: _____

Any kids in the home, and if so what are their age(s): _____

Home Address & ZIP: _____

HOME: _____ WORK: _____ MOBILE: _____

EMAIL: _____

1. Type of dwelling: House ____ Condo ____ Apt. ____ Other: _____

Years at residence? _____

2. Do you own ____ Rent? ____ If renting, do you have permission from landlord to have a dog? Y ____ N ____

Landlords name & # _____

3. What are your primary reasons for wanting a dog? Companion ____ for your children ____ Gift ____
For other pet ____ Watchdog ____ OTHER _____

Have you ever owned a dog(s) before? _____

4. If you have children, please describe their previous experience with dogs: _____



5. If your children did not want a dog, would you be interested in adopting a dog for yourself?
Y____ N____
6. Does anyone in your household have allergies? Y____ N____ Describe_____
7. Other pets [number, sex & age of each] Dogs? _____
Cats?_____ OTHER?_____
8. Are your pets spayed/neutered Y____ N____ Have you ever allowed an animal to breed? Y____ N____
Have your dog(s) been vaccinated? Yes_____ No_____
Will you provide annual vaccinations and any necessary medical care? Yes_____ No_____
9. Is there anybody home during the day?_____
10. When will the dog be inside?_____ Outside?:_____
11. How many hours per day will the dog be left alone?_____ Where will it be when left alone?_____
12. Where will the dog sleep at night? Dog house____ Garage____ Laundry room____ Kitchen____
Master bedroom____ Child's room____ Bathroom____ Other____ [explain]_____
13. What rooms are off limits to the dog?_____
14. What outside areas are available to the dog? Fenced yard____ Enclosed Patio____ Garage____
Balcony____ Dog House____ Unfenced common area____ Other_____
15. Do you have a doggie door? Y____ N____
16. Type of fencing? Chain link____ Wood____ Block wall____ Other_____
17. Height of fence: Highest point____ Lowest point____
18. Are their gates? _____ How many? _____ How high?_____
19. Have you recently inspected your fence and is it secure, without holes, gaps, or low points? _____
N____. If NO, and your application is accepted, do you agree to thoroughly inspect your fence and make
any necessary repairs before the home visit? Y_____
20. Is there any type of lock on the gate[s]? Padlock____ Key____ Latch____ Other_____
21. Who has access to your yard? Gardner____ Poolman____ Housekeeper____ Utility____ Neighbor____
22. Preferred level of exercise with dog? Couch potato____ Short walks____ Vigorous walkd____ Hike/jog____
23. When you go on vacation, who will care for the dog?_____



24. What kind of food will you feed the dog? Brand of Kibble _____ Name: _____

25. Do you have a regular VET? Y____ N____ Veterinarian's name, phone number, address: We must have this in order to process your application: _____

May STAND Foundation contact your veterinarian? _____

26. WHO WILL GROOM AND BATHE YOUR DOG? _____

27. Would your dog wear a collar? Y _____ N _____

28. Would you allow your dog to wear a permanent RESCUE I.D. tag? Y _____ N _____

29. Will your dog(s) be allowed on the furniture? Yes _____ No _____

30. Will you become frustrated if your dog(s) is not housebroken? Yes _____ No _____

31. How do you plan on housebreaking your dog(s)? _____

****PLEASE UNDRSTAND THAT EVEN DOGS THAT ARE HOUSEBROKEN WILL GO THROUGH AN ADJUSTMENT PERIOD.

32. If your dog(s) needed acute medical attention for an illness or emergency care, are you prepared to handle the expense? _____

33. If the dog(s) becomes destructive what would you do? _____

34. Have you ever been denied adoption by a shelter or other rescue or humane group? Yes ____ No ____

35. If so by whom? _____

36. Please briefly describe your lifestyle: (active, social, homebodies, etc) _____

37. How is your general health? (health issues) _____

Adopters over the age of 70 are required to have a co-adopter in case of an accident or death. If this applies to you, who would be your co-adopter: (name, address, phone number) _____



Please give 2 additional references. These may be friends, co-workers and relatives. Please give name, relationship to you , email address and phone number.

References

1. _____

2. _____

38. How would you rate your level of dog owning experience? 1st time owner _____ Beginner _____
Intermediate _____ Advanced _____ OTHER _____

39. How would you discipline your dog if he or she misbehaved? _____

40. How would you train this dog? Obedience class _____ Hit with Newspaper _____ Firm verbal command _____
Clicker/hand signals _____ OTHER _____

41. How do you normally walk you dog? ON LEASH? _____ OFF LEASH? _____

42. When on Leash I normally use: Collar only _____ Prong Collar _____ Choke chain _____ Harness _____
Other _____

43. Are you willing to live with hair on the furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times? Y _____ N _____

44. Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, shelter and exercise for your new pet? Y _____ N _____

45. Are you able to make a long-term commitment to care for your pet for it's entire life span, which could be as much as 10- 20 years? Y _____ N _____

46. What would happen to you pets if you moved?
Locally? _____ Out of State? _____ Out of country? _____

47. Have you ever given a pet away? If so, please explain _____

48. What would you do, if your dog has gotten out? __Check Shelters __Put up Flyers __Ads in the Newspaper
__Flyers from door to door __Wait, because my animal may come back __Other

49. Which of the following reasons might prompt you to give up your dog?

Excessive Barking _____ Biting _____ Digging _____ Moving _____ Divorce _____ Poor watchdog _____ Shedding _____
Destructive Chewing _____ Financial problems _____ Accidents indoors _____ Growling at guests _____
Excessive Vet Bills _____ Allergies _____ New spouse/partner doesn't like dog _____ Aggressive on leash _____
NONE OF THE ABOVE _____



50. Will you agree to consult and pay for a trainer or behaviorist if any problems develop? Y___N___

51. Please list pets you have owned since you have been an adult:

<u>ANIMAL</u>	<u>LENGTH OF OWNERSHIP</u>	<u>WHAT HAPPENED? / Died at Age?</u>

52. How did you find out about our adoption program? _____

53. Why are you interested in adopting from a rescue? _____

THIS SECTION APPLIES ONLY IF YOU ARE INTERESTED IN ADOPTING AN AMERICAN PIT BULL TERRIER OR AMERICAN STAFFORDSHIRE TERRIER OR ANY BULLY BREED OR A BULLY BREED MIX:

1. Why are you interested in adopting a "Bully Breed"? _____
2. Have you ever been the owner/guardian of a dog of this breed? Yes___ No___
3. If not, are you willing to learn about the breed? Yes___ No___
4. Are you prepared and willing to be a "Bully Breed" Ambassador? Yes___ No___
5. Do you understand, that owning a "Bully Breed" can be the most rewarding experience but also takes the strongest commitment of the owner/guarding to his/her dog (because of discrimination by our society)? Yes___ No___

Please read and initial each statement below.

I understand that a home visit is required prior to final placement _____ [initial]

I understand that a home visit does not guarantee placement _____ [initial]

I agree to provide my own collar, leash or harness, and personal ID at the time of completing the adoption contract _____ [initial]

The adoption donation of STAND Foundation is \$ 300, to help rescue, this provides medical care, spay and neuter, board and to place other abandoned dogs.

STAND Foundation reserves the right to refuse adoption to any applicant for any reason.

This questionnaire becomes part of our contract _____ [initial]

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION. OUR GOAL IS NOT TO BE INVASIVE BUT TO MATCH THE BEST POSSIBLE HOME FOR EACH ANIMAL.

SIGNATURE _____ DATE: _____