



# The Anti-Cruelty Society Dog Adoption Questionnaire

Please note that in order to be considered for an adoption today you must: 1) Be at least 18 years of age, 2) Have the knowledge and consent of all adults living in your household, 3) Have a valid ID with current address, 4) Have the landlord's name and phone number (or lease) if you rent and 5) Understand that The Anti-Cruelty Society must approve your application.

Date: \_\_\_/\_\_\_/\_\_\_ Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

DO YOU: Attend School \_\_\_ Work \_\_\_ Employer: \_\_\_\_\_

DO YOU LIVE IN A (circle all that apply): House Apartment Condo Dorm With Parents

I OWN \_\_\_ I RENT \_\_\_ Landlord's name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Please provide the following information about your household:

Number of adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

2. Which member of your family will hold primary responsibility for the:

Feeding of your new dog? \_\_\_\_\_ Training? \_\_\_\_\_

3. Please tell us why you would like to adopt a dog from us. (Circle all that apply):

companion gift as a watchdog for a child companion for another pet

4. What type(s) of pets do you own or have owned in the past five (5) years:

Pet's Name	Type/Breed	Kept Where?	Current Age	Altered		Sex		Still have?	
				Yes	No	M	F	Yes	No

5. If you have pets now or had them in the past, who is (was) your veterinarian?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. What inoculations has your pet(s) had in the past year? \_\_\_\_\_

7. When was your pet's last visit to a veterinarian? \_\_\_\_\_

8. If you move in the future, what will you do with your dog(s)? \_\_\_\_\_

9. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your new dog? \$ \_\_\_\_\_

10. Do you plan to spay or neuter your dog? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Do you have a fenced yard?: Yes \_\_\_\_ No \_\_\_\_ If yes, please describe the height and type: \_\_\_\_\_
2. How many times a day do you plan to take your dog outside? \_\_\_\_\_
3. If adopting a puppy, how do you plan to housebreak? \_\_\_\_\_
4. How do you plan to prevent/correct behavioral problems such as:
  - Barking: \_\_\_\_\_
  - Fence Jumping: \_\_\_\_\_
  - Chewing: \_\_\_\_\_
  - Digging: \_\_\_\_\_
  - Aggressive Behavior: \_\_\_\_\_
5. Do you plan to take your dog to training classes? Yes \_\_\_\_ No \_\_\_\_  
If yes, what type? \_\_\_\_\_ (Ask about our low-cost training class!)
6. This dog will be alone (without human companionship) for how long?:  
\_\_\_\_\_ hours a day \_\_\_\_\_ days a week
7. Where will the dog be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_
8. Where will the dog be kept when left alone? \_\_\_\_\_
9. What type of identification do you plan to place on your dog? \_\_\_\_\_
10. It may take your new pet two weeks (or longer if other pets are involved) to adjust to its new home. Are you prepared to allow this much time to adjust? Yes \_\_\_\_ No \_\_\_\_
11. How did you learn about The Anti-Cruelty Society? \_\_\_\_\_

The Anti-Cruelty Society has provided a thorough veterinary exam, vaccinations and more to ensure that the animal you are adopting today is healthy. However, because most animals arrive at the shelter without routine vaccinations, there is a short term risk of contagion. Viruses can incubate up to 10 days or more with no symptoms present. Because of this, The Anti-Cruelty Society will provide FREE care in our clinic for the next 15 days. This requires that you contact us with any concerns promptly. We have veterinarians on staff every day of the year to provide this assistance. Each message left for one of our busy doctors will be returned in a timely manner. Please note that if you choose not to take advantage of this support, and authorize care at a private veterinary hospital The Anti-Cruelty Society cannot reimburse you for those expenses.

Adopter Initials \_\_\_\_\_

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that The Anti-Cruelty Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of The Anti-Cruelty Society.

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

FOR STAFF USE, PLEASE DO NOT WRITE IN THIS SPACE

Tab band# \_\_\_\_\_ Age \_\_\_\_\_ Room \_\_\_\_\_ Attendant \_\_\_\_\_ Service# \_\_\_\_\_  
 Screener/BSR attached \_\_\_\_\_ Manager \_\_\_\_\_ A P D \_\_\_\_\_  
 Counselor \_\_\_\_\_ Additional Comments \_\_\_\_\_



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