



## Dog Adoption Questionnaire

### FOR STAFF USE ONLY

- ASM
- Interaction with animal
- Behavior and temperament
- Medical/Vaccinations
- What to do first when bringing new pet home
- Crate training
- Introduce to other pets
- Explain diet recommendations
- Exercise/training
- ID Tag/Collar
- Explain microchip
- URI/Moving Stress
- PetFirst Insurance
- Behavior Help
- Return policy
- Payment

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LP Shelter Representative Name \_\_\_\_\_

Adopted:    Yes   /   No

Dog Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: Cell (     ) \_\_\_\_\_ Home (     ) \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_

Driver's License Number: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Type of Residence (house, apt., etc.): \_\_\_\_\_

Circle one:   Own / Rent / Live with Parents

Tell us about the members of your household (children, adults, seniors): \_\_\_\_\_  
\_\_\_\_\_

Pets in home (types and ages): \_\_\_\_\_  
\_\_\_\_\_

Your current veterinarian: \_\_\_\_\_

Companion animals can live 15-20 years. Are you able to take on this commitment? \_\_\_\_\_

Other information you would like to share: \_\_\_\_\_  
\_\_\_\_\_

We will provide information on the new pet's medical and behavior history, as well as tips on caring for the pet. Please check any of the following topics you would like additional information:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diet                  | <input type="checkbox"/> House training                  | <input type="checkbox"/> Grooming/Nail Trim |
| <input type="checkbox"/> Crate Training        | <input type="checkbox"/> Manners/Basic Training          | <input type="checkbox"/> Exercise/toys      |
| <input type="checkbox"/> Pet Proofing home     | <input type="checkbox"/> Finding a veterinarian          | <input type="checkbox"/> Moving with pet    |
| <input type="checkbox"/> Introducing a new pet | <input type="checkbox"/> Preventative care (fleas, etc.) |   |

Other questions or concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My signature certifies that the Lincoln Park Animal Shelter is authorized to gather whatever information it considers necessary and appropriate for adoption of any animal. The Lincoln Park Animal Shelter reserves the right to deny adoptions.**

Signature \_\_\_\_\_

Date \_\_\_\_\_