



Animals Benefit Club of Arizona, Inc.

Dog Adoption Questionnaire

Thank you for your interest in adopting from ABC. It is our responsibility to find safe, loving, forever homes for all of the animals in our care. We strive to help match you with a dog who suits your lifestyle. ABC's adoption guidelines may deny an adoption that is deemed unsuitable for the animal. This questionnaire must be completed and reviewed by ABC staff before visiting with a dog. ABC staff will review your questionnaire and discuss the adoption process with you. The minimum adoption donation for a dog or puppy is \$225.

- You must be at least 21 years old with proof of age. Current ID must show your correct address.
- If you are living with your parents, both of them must sign the adoption contract.
- Carefully read the terms of ABC's legally binding adoption contract.
- You will be asked to make a non-refundable adoption donation by check, credit card, or cash.

I am interested in adopting a: (circle all that apply) puppy | adult dog | just looking

Name _____ Email _____

Address _____ Major cross streets _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____ Cell phone _____

Age group (circle one): Under 21 | 21-30 | 31-50 | 50+

01. I want to adopt a dog because: _____

02. How long have you been considering adopting a dog? _____

03. Do you work? (please include all working adults) part-time | full-time | • Number of hours away from home each day? _____

04. Type of work and employer (please include all working adults): _____

05. Other people in your home (circle one): yes | no • # of children _____ age(s) _____ # of adults _____

06. Have all adults in the home agreed to adopt? (circle one): yes | no

07. Is anyone in your home allergic to animals? (circle one) yes | no • If yes, to what? _____

08. Do you (circle one): own home | rent • If you rent, what is the size/weight/other restriction for pets? _____

09. How many residences have you lived in during the last five years? _____

10. Have you previously owned dogs? (circle one) yes | no • How many? _____ For how long? _____

11. Were they spayed / neutered? (circle one) yes | no • If not, please explain: _____

12. Where did your last dog(s) sleep? _____

13. What happened to them? _____

14. Do you currently have other animals? (list types, ages, and # of years owned): _____

15. Are they spayed / neutered? (circle one) yes | no • If no, why? _____

16. Name, address, and phone number of your veterinarian: _____
 May we speak to her / him regarding your animals' history? (circle one) yes | no _____
17. If you move, what will you do with your dog? _____
18. Where will you keep your dog? (circle one) Inside only | outside only | inside & outside | details _____
19. Do you have a yard? (circle one) yes | no • Type? (circle one) grass | desert | other _____
20. Is the yard fenced? (circle one) yes | no • If so, what type and how tall? _____
21. Where will you exercise your dog? _____ On a leash? _____
22. How frequently do you travel? _____
23. What arrangements will you make for your dog when you go on vacation? _____
24. Do you have a dog door? (circle one) yes | no • If no, would you consider installing one? (circle one) yes | no
25. Are you willing to pay a little extra to feed your dog / puppy a premium food? (circle one) yes | no
 Examples include Nutro Max, Wellness, Natural Choice, Zignature, etc.
26. What type of behavior would you not tolerate? _____
 How would you correct inappropriate behavior? _____
27. Are you willing to attend training classes? (circle one) yes | no • If no, please explain _____
28. What types of vehicle(s) do you own, and where will your dog ride? _____
29. Do you have a pool? (circle one) yes | no • Is it fenced off from the rest of the yard? (circle one) yes | no
30. Dogs often live longer than 15 years. If you became ill and could no longer care for your dog, what arrangements would you make for your dog? _____
31. Are you willing and able to pay for shots, vet exams, and all treatment as needed? (circle one) yes | no
32. If your dog became seriously ill or injured and needed costly medical treatment, what would you do? _____

33. How did you hear about ABC? (circle all that apply)
 ABC website | ABC volunteer | ABC staff | Friends / family | Other _____

I HEREBY CERTIFY THE INFORMATION PROVIDED IS COMPLETE AND CORRECT.

DATE _____ SIGNATURE _____

STAFF USE ONLY:

Reviewed by (ABC) _____ Adoption approved? (circle one) yes | no
 Verified by (ABC) _____ Comments: _____