



P.O. Box 83702 San Diego, CA 92138-3702
Phone: 619.255.7312 Fax: 760.798.2407

TO BE COMPLETED BY REPRESENTATIVE

Dog's Name
Breed/Color Age Sex
Notes
F.P. Name
F.P. Contact #

S. FORD FOUNDATION FOR ANIMALS
Dog Adoption Questionnaire

PLEASE PRINT CLEARLY

Name: Spouse/Roommate: Date:
Address: City: State: Zip:
Phone: (Home) (Work) (Cell)
E-mail:
Occupation: Employer:
Spouse/Roommate Occupation: Spouse/Roommate Employer:

PERSONAL REFERENCES

Name: Name:
Phone: Phone:

1. Do you live in a: House Condo Apartment Mobile Home Military Other (please specify)
2. How long have you lived there?
- If less than 2 years, please give previous address:
3. Do you rent? YES NO 4. If "Yes" do you have landlord's permission to have pets? YES NO
5. May we contact your landlord? YES NO Landlord's Name: Phone:
6. Name of your veterinarian/hospital:
- Estimated annual cost for medical care:
7. Would you object to an inspection of your premises by a rescue representative? YES NO
8. Do you plan to put an I.D. tag on this dog? YES NO
9. How many hours per day will this dog be left alone?
- Where will your companion be kept during this time?
10. Will the dog be kept: Outdoors? Indoors? Both?
11. Is anyone in your household allergic to animals? YES NO
- If "Yes" are they on medication that can control the allergies? YES NO
12. Have you owned a dog or cat before? YES NO
- If "Yes", what happened to them? (If deceased, please state cause of death and how long ago):
13. Do you currently own any animals? # of Dogs # of Cats
14. Have they all been spayed/neutered? YES NO 16. When were they last vaccinated?

S. Ford Foundation For Animals Dog Adoption Questionnaire PAGE 2

15. Do you have a balcony? YES NO

16. List the names & ages of all children living at home:

17. Where will the dog sleep? (Please be specific)

18. Who will be responsible for feeding, grooming, and training your new pet?

19. How soon after the dog arrives home will it be left alone?

20. How often do you travel?

21. How do you plan to provide for the dog when you are out of town?

22. What will happen to the dog if you move? **Locally?**

Out of state?

Overseas?

23. Under what circumstances would you not keep this dog?

Divorce Move New Baby New Job Illness Other

24. Why do you want a dog? (Please number as many choices as apply in order of importance: 1,2,3)

___ For Children ___ Companion ___ For Spouse ___ Mouser ___ As a gift ___ For other pet
___ Other

25. Do you plan to de-claw your cat? YES NO

If so, why?

26. How did you learn about this dog?

Union Tribune Petfinder Radio TV PetSmart Website Adoption Event
 Other (please specify)

27. Are you prepared to accept this kind of responsibility for this dog's ENTIRE life? YES NO

I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION. I ALSO UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT ENSURE THAT I WILL BE SELECTED TO ADOPT THIS DOG.

Signature:

Date:

PRINT NAME:

You may fax your completed application to **The S. Ford Foundation for Animals Fax: 760.798.2407**
P.O. Box 83702, San Diego, CA 92138-3702 Phone: 619.255.7312 www.sfordfoundation.org