

New River Humane Society  
DOG Adoption Questionnaire

Date of Application: \_\_\_\_\_ Date Able to Take a Dog Home: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

Town/City/ZIP: \_\_\_\_\_

Date of Birth of Applicants: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Name of Animal(s) Interested In: \_\_\_\_\_

Size of Dog (when full-grown) I'm Looking For:

\_\_\_\_\_ Less than 30lbs      \_\_\_\_\_ 31-50lbs      \_\_\_\_\_ 51-75lbs      \_\_\_\_\_ Over  
75lbs      \_\_\_\_\_ Open

Gender of Dog I'm Looking For:

\_\_\_\_\_ Male      \_\_\_\_\_ Female      \_\_\_\_\_ I'm open to either gender

Breed of Dog I'm Looking For: \_\_\_\_\_

Age of Dog I'm Looking For:

\_\_\_\_\_ 8 wks - 6 mos, \_\_\_\_\_ 7 mos - 1 yr, \_\_\_\_\_ 1 - 5 yrs, \_\_\_\_\_ 6 yrs +, \_\_\_\_\_ Open

Type of Dog I'm Looking For:

\_\_\_\_\_ Low Shedding      \_\_\_\_\_ Purebred      \_\_\_\_\_ Mix Breed  
\_\_\_\_\_ Other \_\_\_\_\_

I Would Like A Dog Who Is: \_\_\_\_\_ Very Active, \_\_\_\_\_ Active, \_\_\_\_\_ Calm & Mellow  
Talkative, \_\_\_\_\_ Good w/ Cats, \_\_\_\_\_ Good w/ Other Dogs, \_\_\_\_\_  
\_\_\_\_\_ Good w/ Kids Under 8 yrs, \_\_\_\_\_ Good w/ Seniors, \_\_\_\_\_ Other \_\_\_\_\_

I Would Consider Adopting:

Blind Dog  Deaf Dog  Amputee  Dog w/ On-going Medical Needs

I Live In:  House/Townhouse I Own  House/Townhouse I Rent

Condo/Apartment I Own  Condo/Apartment I Rent

Name, Phone & Email of Landlord: \_\_\_\_\_

\_\_\_\_\_

Name and Ages of All Individual Living at Address:

\_\_\_\_\_

\_\_\_\_\_

How Many Hours a Day Will the Pet Be Alone?

Where My Dog Will Stay When I'm Not Home:  Crate  Loose in House  Gated  
Area  Outdoors  Doggy Daycare  w/ Family or Friends  Other:

\_\_\_\_\_

(We know this may change as your dog adapts. Please list all you will utilize/consider during your dog's life.)

Currently Have Other Pets?  Yes  No

If Yes, Please List Names, Types & Ages:

\_\_\_\_\_

\_\_\_\_\_

Previously Had Pets?  Yes  No

If Yes, Please List Names, Types & Ages (when adopted & when they passed/were rehomed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Veterinarian Currently Use and/or Used in the Past:

\_\_\_\_\_

Phone of Vet (must provide or will not consider application): \_\_\_\_\_

How Much Do You Plan to Spend on Your Pet Annually?

Reasons I Would Consider Giving Up My Pet:  Financial  Behavior  Moving  
 Allergies  Animal Medical  Personal Medical  Kids  Deployment  
 Other: \_\_\_\_\_

I UNDERSTAND THE ADOPTION FEE IS NON-REFUNDABLE

(Initials): \_\_\_\_\_

(Exception will be considered only on a case by case basis.)

Additional Information That Will Assist in Your Search for An Animal:

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