



Dog Adoption Consultation Form

Desert Paws Rescue uses this form to help us understand your needs and expectations. This information will help us in selecting the animals we believe will be a good match for you and your family. Adopting an animal is a big decision and a lifetime commitment, so please help us in making this a successful adoption.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cross Streets: _____

Current Employer: _____ No. of Years: _____

What physical characteristics are you looking for in your new pet?

The name of the dog / puppy that I am interested in adopting is: _____

Gender: Male Female Age (years): 0 - 1 1 - 2 2 -4 4 - 6+ No Preference

Color: _____ Other characteristics: _____

I would like my new dog / puppy to have: Long Hair Medium Length Short Hair
I would like my new dog / puppy to be: Small Medium Large
My new dog / puppy will be: Outdoor Indoor Outdoor Mostly Indoor Mostly
Activity level: High Medium Low No Preference

We want our new dog / puppy to do the following activities with us:

Hike Relax in evening Travel Fly
 Jog Play with the children Camp Boating
 Bicycle Play ball (catch) Swim Other

Other details: _____

I would like my new dog / puppy to be:

Companion Protective Obedient Performer (agility) Service Other

Other details: _____

The following are questions about your current and previous pets.

Is this your first pet? Yes No Have you adopted a pet from Desert Paws Rescue before? Yes No

If yes, what did you adopt? Cat Dog Their names? _____

What kinds of pets have you previously had (Check all that apply)? Cats Dogs Other

What happened to them? _____

In the section below, please describe your current pets.

My first pet is a : Cat Dog Other (please explain): _____
Breed? _____ Age? _____ Gender? Male Female
Spayed or neutered? Yes No Declawed? Yes No Vaccinated? Yes No
When is their next vaccination due? _____

My second pet is a : Cat Dog Other (please explain): _____
Breed? _____ Age? _____ Gender? Male Female
Spayed or neutered? Yes No Declawed? Yes No Vaccinated? Yes No
When is their next vaccination due? _____

My third pet is a : Cat Dog Other (please explain): _____
Breed? _____ Age? _____ Gender? Male Female
Spayed or neutered? Yes No Declawed? Yes No Vaccinated? Yes No
When is their next vaccination due? _____

The following are questions about your home and family.

I currently: Own my house Rent a house Rent an apartment Other

If other, please explain: _____

If renting, are there breed restrictions? Yes No If yes, which breeds? _____

Does your landlord require a security deposit for pets? Yes No I don't know

Does your home have a pet or dog door? Yes No No, but we are considering installing one.

Is your yard fenced? Yes No How tall is the fence? _____ What type of fence? _____

Does your home have a pool? Yes No Is the pool fenced? Yes No

How many people live in your home? _____ What are their ages? _____

How often do children visit your home? Daily Weekly Monthly Holidays Never

Is anyone in your home allergic to dogs or cats? Yes No Is this dog / puppy a gift? Yes No

Approximately how many hours a day will your new dog / puppy be unattended while your family is at work or school?

0 hours 1 – 3 hours 3 – 6 hours 6 – 9 hours Over 9 hours

Where will your dog / puppy be kept during the day while you are away? Inside Outside Other

If other, please explain. _____

Where will your dog / puppy be kept during the night? Inside Outside Other

If other, please explain. _____

Our family's activity level is:

Very active and always on the go Moderately active, at home a few nights a week Not very active, at home 5 – 7 nights a week Some is always at home

When I'm out of town I plan to:

Take my dog with me Leave my dog with family or friends Leave my dog home alone Hire a pet sitter or board my dog

If I move out of town I plan to:

Take my dog with me Find another home for my dog Return my dog

Are you familiar with crate training? Yes No Will you crate train? Yes No

Would you be willing to take your dog to obedience training? Yes No

How much are you willing to spend on medical expenses per year for your dog?

\$0 - \$100 \$100 – \$200 \$200 - \$500 \$500 - \$800 No Limit

Would you consider adopting an animal with special needs? Yes No Possibly

How did you find out about Desert Paws Rescue (check all that apply)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Special Event | |
| <input type="checkbox"/> Friend / Relative | <input type="checkbox"/> Television | <input type="checkbox"/> www.petfinders.com |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Radio | <input type="checkbox"/> www.pets911.com |
| <input type="checkbox"/> Previous adoption | | <input type="checkbox"/> Other |

I acknowledge that all the information contained in this form is true and correct to the best of my knowledge. I understand that any misrepresentation of the facts may result in the removal of the adopted animal from my home by Desert Paws Rescue.

Signed: _____ Date: _____

FOR ADOPTION CONSULTANT USE ONLY:

Adoption Consultant:

Date:

Comments: