



**TOWN OF
GEORGINA**

**Georgina Animal Control
Dog Adoption Questionnaire**

Date: _____

File #: _____

Name: _____

Address: _____

Phone #: _____

Have you owned a dog before: Yes No

If so, how many: _____

What breeds? _____

What happened to them? _____

What were some your challenges with them? _____

How did you handle the challenges? _____

Where do you live currently? Detached Semi-Detached

Townhouse Apartment

Are you the owner of the dwelling? Yes No

If you are renting, are you allowed a dog in your residence? Yes No

Does your landlord know you are looking to adopt a dog at this time? Yes No

Do you give us permission to contact your landlord? Yes No

What is your landlord's name and number? _____

Do you have children? Yes No

If yes, what are their ages? _____

Have they lived with dogs before? Yes No

Do they have a fear of dogs? Yes No

Have they met the dog you're interested in? Yes No

If no, do you plan on having children in the future? Yes No

Is this a near future choice? Yes No

Is there any other family members/friends residing in your residence? Yes No

Have they agreed to having a dog in the residence? Yes No

Have they met the dog in question? Yes No

Does anyone in the residence have allergies to dogs? Yes No

Do you have a fenced in yard? Yes No

What is the height and make of the fence? _____

Does any other family have access to the yard? Yes No

If you don't have a fenced in yard, how will you contain the dog? _____

What type of shelter will you provide? _____

How long will the dog spend outside per day in the winter? _____

How long will the dog spend outside per day in the summer? _____

Where will the dog be at night? _____

Will the dog be alone during the day? _____

How long? _____

Are you willing to crate-train? Yes No

If the dog is not house-broken, what will you do? _____

If the dog exhibits separation anxiety, what will you do? _____

Are you prepared for common problems such as barking, digging, chewing etc? Yes No

If the dog exhibits aggression, food aggression, or fearful behaviour, what will you do? _____

What are you looking for in a dog? _____

What are you NOT looking for in a dog? _____

Will with dog be used for: Hunting Guarding Herding

If so, please elaborate _____

Do you have any other pets at home? Yes No

Are they spayed/neutered? Yes No

Do they get along with dogs? Yes No

Do you plan on getting any more pets? Yes No

What Veterinary Clinic do you use? _____

How long have you been a client there? _____

Can you give some examples of different reasons you have or would go to the Vet Clinic? _____

What are some of the typical expenses you will have at the Veterinary Clinic every year? _____

How do you prevent fleas and ticks? _____

How do you prevent heartworm? _____

Who will be grooming and trimming the dog's nails? _____

Have any of your past or present pets had any medical issues you needed Veterinary help for? _____

Can we contact your veterinarian for a reference? Yes No

Are you able to provide adequate exercise for the dog? Yes No

How many times will you walk the dog in a week and how long? _____

Are there any other ways to provide stimulation and exercise for this dog, that you are willing to do? _____

Have you ever enrolled in an obedience course? Yes No

How long ago? _____

Did it help? Yes No

Are you willing to enroll in an obedience course? Yes No

If no, why not? _____

Where will you go for obedience and behaviour problems? _____

Do you go away often? Yes No

What will you do with the dog when you do go away? _____

Are you able to commit to this dog for the rest of its life? Yes No

If someone in your family/household develops an allergy to this dog, what will you do? _____

If for health reasons, you can no longer care for the dog, what will you do? _____

Have you considered the cost of caring for this dog the rest of its life? Yes No

Will this dog fit into your family's/household's lifestyle? Yes No

Are you in the understanding that the dog in question may not have a known history, meaning, behaviour and health problems may come up in the future? Yes No

Where did you hear about us? _____

References _____

Staff Comments _____