

BEAVERHEAD COUNTY ANIMAL SHELTER  
DOG ADOPTION QUESTIONNAIRE

DATE \_\_\_\_\_ Impound Number \_\_\_\_\_ Dog Name \_\_\_\_\_

PERSONAL INFORMATION:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Live with parents: \_\_\_\_\_ Age: \_\_\_\_\_

No. of children in the home: \_\_\_\_\_ Ages: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of spouses employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Does anyone in your family suffer from allergies? \_\_\_\_\_

Have you adopted from the HSBC Shelter before? \_\_\_\_\_

RESIDENTIAL INFORMATION:

RESIDENCE: House: \_\_\_\_\_ Apartment: \_\_\_\_\_ Condo: \_\_\_\_\_ Mobile Home: \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Besides your immediate family, are there others residing in your home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, who? \_\_\_\_\_

Does your home have a yard? \_\_\_\_\_ Is there a fence? \_\_\_\_\_ Type of fence and how tall? \_\_\_\_\_

If the yard is fenced, when the gate is closed, will the dog be completely enclosed? \_\_\_\_\_

ADOPTION INFORMATION:

Have you ever owned a dog? \_\_\_\_\_

What is the longest period of time the dog will be left alone? \_\_\_\_\_

Where will the dog be kept during this time? \_\_\_\_\_

If kept outside, will there be a dog run/dog house? \_\_\_\_\_

Will you take your dog to obedience classes, if needed? \_\_\_\_\_

Why do you want this particular dog? \_\_\_\_\_

What will you do with your dog if you move or go on vacation? \_\_\_\_\_

How much do you expect to spend on your new dog in a year? \_\_\_\_\_

What will you do if your new pet chews things, dumps trash, etc.?

\_\_\_\_\_

Please check all of the following that will apply to your new dog:

Watch Dog:\_\_\_\_\_ Companion:\_\_\_\_\_ Hunting Dog:\_\_\_\_\_

Guard Dog:\_\_\_\_\_ Family Pet:\_\_\_\_\_ Other:\_\_\_\_\_

Will your dog ever be transported in the back of an open pickup?\_\_\_\_\_

If your dog sleeps on the bed and takes up most of the bed, do you ...

- (A) Make him get off the bed?
- (B) Go sleep somewhere else yourself?

OTHER PET INFORMATION:

Do you have other pets? Type and Number:\_\_\_\_\_

If your other pets are cats and/or dogs, are they spayed and/or neutered?\_\_\_\_\_ If no, why not?\_\_\_\_\_

Are your other pets current on their vaccinations?\_\_\_\_\_

Do any of your pets have an infectious disease now, or have they in the recent past? \_\_\_\_\_ If yes what kind? \_\_\_\_\_

Veterinarians name:\_\_\_\_\_ Phone:\_\_\_\_\_

What will you do if your newly adopted pet does not get along with your other pets for a while?\_\_\_\_\_

Where did you first learn of this dog/cat? (Circle one)

montanapets.org Facebook Dillonite Friend Visited Shelter Other

I certify that the information provided on this form is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinary care will be costly and am able to meet these requirements. I understand that in some cases, a home check may be mandatory prior to your adoption. I understand that any false statements constitute grounds for confiscation and surrender of the animal to the Beaverhead County Animal Shelter. I further understand and agree that the Beaverhead County Animal Shelter may demand return of the animal for any violation of the terms of the adoption contract and agreement.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

BEAVERHEAD COUNTY ANIMAL SHELTER  
RESERVES THE RIGHT TO REFUSE ANY ADOPTION.

