



OFFICE USE ONLY
ANIMAL NAME: _____
SB# _____
MICROCHIP # _____

Date _____

DOG Adoption Questionnaire

*At the East Bay SPCA, we are committed to finding appropriate lifelong homes for shelter animals. We ask adopters to make the same commitment to the animals they adopt. Please take time to answer the questions below so that we can help you adopt the animal best for you. While we always make every effort to work with you to address concerns or find the most appropriate companion animal, we do reserve the right to refuse an adoption. **Adopters must: 1) be at least 18 years of age 2) have legal photo identification 3) be able to have a pet at your address 4) pay the adoption fee***

Name: _____ ID/DL#: _____

Address: _____ City/Zip: _____

Phone (Primary): _____ Email: _____

Yes, I'd like to receive email news from EBSPCA

Alternate Contact: Please list contact info for a person that lives outside the home (for Microchip Registration):

Name: _____ Ph: _____

List everyone who lives in the home, including children, roommates, and extended family. (Include: Name, Relationship & Age if under 18)

Are all the members of your household in favor of adopting an animal? Yes No

Do you presently have any pets? (list type and age, if any) _____

Have you had a dog in the past? No Yes; What happened to them _____

What qualities are you looking for in your new dog? _____

What behaviors would you not be able to tolerate in the dog/puppy?

- | | | | | |
|---|--|--|-----------------------------------|--|
| <input type="checkbox"/> Jumping on furniture | <input type="checkbox"/> Plays at night | <input type="checkbox"/> Very Energetic | <input type="checkbox"/> Shedding | <input type="checkbox"/> Talkative/Vocal |
| <input type="checkbox"/> Digging in Plants/Garden | <input type="checkbox"/> Playful Biting | <input type="checkbox"/> Needy | <input type="checkbox"/> Aloof | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Selective with other animals | <input type="checkbox"/> Selective with people | <input type="checkbox"/> Uncomfortable with children | | |

OTHER? _____

Where will the dog be when it is home alone? Indoors, free run of house Indoors, in one or two rooms

Indoors, in a crate Garage or basement Outdoors in a fenced yard Outdoors in a dog run

Other: _____

Where will the dog sleep? Describe: _____

What methods will you use to correct the dog for behaviors you find inappropriate? _____

Is there anything else you would like us to know, or may have concerns about? _____

Our average cost to shelter an animal is \$700—and much more for long-term animals. Since that is more than our adoption fees, we rely on individual donations to close the gap. **Would you like to donate to the East Bay SPCA?**

If Yes, How much? _____ *Thank you for your donation to help ensure healthy, happy lives for East Bay animals.*

I certify that the above information is true and correct to the best of my knowledge. I understand that any false information may result in nullifying the adoption.

Signature _____ Date _____