



New Nodaway Humane Society

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<https://www.newnodawayhumanesociety.org>

DOG ADOPTION QUESTIONNAIRE

It is our policy to make certain that each person who adopts a dog is aware of the responsibilities of owning a pet. By completing this questionnaire, you will aid us in determining if you and your family are ready for these responsibilities.

Dog(s) of Interest: _____ Date: _____

Personal Information:

Adopter's Name: _____

Spouse's Name: _____

Street Address: _____

City/State/ZIP Code: _____

Phone Number: _____

Email Address: _____

Do you rent or own? Rent Own

If you rent, provide your landlord's name, address and phone number:

Do you have permission to get a dog? Yes No

Are you aware of a pet deposit or fee? Yes No

Do you have children? Yes No If yes, please list name and age of each child:

Child's Name	Age

General Questions:

When and why did you decide to get a dog?

What are you looking for in a dog?

Who will primarily be responsible for taking care of the dog?

How and how often will you exercise the dog?

Are you prepared to walk or exercise your dog in inclement weather? Yes No

Do you have a fenced yard? Yes No If yes, type/height: _____

Where will the dog stay when no one is home?

When are you home? _____

At night? _____

Who will care for your dog when you are out of town (vacation, etc.)?

If the dog becomes destructive, what is your plan?

If the dog has issues potty training, what is your plan?

Is the dog becomes aggressive towards people or other animals, what is your plan?

Under what condition(s) would you have to give up your dog?

If the dog becomes ill or injured, are you financially prepared to pay for medical care? Yes No

What is the maximum amount you would spend on vet care for your dog?

Would you object to an inspection of your premises by our staff? Yes No

Are you willing to cooperate with follow-up phone calls and/or home visits? Yes No

Additional comments/concerns:

Current and Previous Pet Information:

Please provide the following information about your current pets.

Animal's Name	Type/Breed	Age	Spayed/Neutered?

If applicable, please provide the following information about the pets that are no longer with you.

Animal's Name	Type/Breed	Reason?

Vet Information:

Current Vet Clinic Name: _____

Veterinarian: _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Agreement for Adoption:

- I am prepared to make a lifetime commitment to my cat. A dog's average lifespan is 10-13 years.
- I will work with my vet and agree on a regular schedule for wellness visits and any other testing my dog will need.
- I am financially able to provide routine and emergency care for my dog. This includes but is not limited to food, boarding and regular vet care.
- If for any reason, I am unable or unwilling to keep this dog, I will agree to return the pet and/or work with the New Nodaway Humane Society in re-homing the animal.

Print Name: _____

Signature: _____ Date: _____

Staff Use Only

- Match living situation? Yes No
- Landlord approval? Yes No N/A Owns
- Vet Reference? Yes No
- Adoption Status? Yes No

By Staff Member: _____

Reason: _____