

NAME OF DOG:

APP

QUESTIONNAIRE

TALLAHASSEE BIG DOG RESCUE (850) 562-3200; WWW.BIGDOGRESCUE.COM

Please answer the following questions to ensure the adoption is in the best interest of you and the pet.

Name:		Email address:		B D R
Address:				
Home Phone:		Work Phone:		U S E
Do you <input type="checkbox"/> own <input type="checkbox"/> rent?	Landlord's name		Phone #:	
Number of persons in your household		Anyone under the age of 18?		
List ages of all members in the household				

List all current pets (place a Y or N in boxes that apply)

Dogs	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Dogs	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Dogs	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Cats	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Cats	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Cats	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Rabbits	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Rabbits	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Other	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
Other	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	

List previous pets

Dogs	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
What happened to it? (date of death)				
Dogs	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
What happened to it? (date of death)				
Dogs	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
What happened to it? (date of death)				
Cats	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
What happened to it? (date of death)				
Cats	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
What happened to it? (date of death)				
Other	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Breed	
What happened to it? (date of death)				
Describe operations or major procedures any of your pets have had.				

LIFESTYLE

What hours is somebody usually at home?

Explain a typical week in your household. Example: Monday work, grocery store, kids soccer, ballet, home

MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY

HOUSING

Where do you live?	<input type="checkbox"/> city	<input type="checkbox"/> country		
Type of dwelling?	<input type="checkbox"/> house	<input type="checkbox"/> townhouse	<input type="checkbox"/> apartment	<input type="checkbox"/> mobile home
Fenced yard?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Type of fence	
Describe your home and yard				

VEHICLES

Year	Make	Model	Tag #
Year	Make	Model	Tag #
Year	Make	Model	Tag #
Explain how you transport your pets			

INTRODUCTIONS

How would your pets get along with other dogs?
Explain the personalities of your current pets
How would you introduce a new pet into your household?

VETERINARIAN

Type of heartworm preventive used for current/previous dogs:		
Describe heartworm medicine:		
Name of Veterinarian	Phone:	
May we contact your vet as a referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER

Why do you wish to adopt a new pet?
Does your family support this decision to bring a pet into your home?
Are you willing to commit to a pet for 10-15 years (average life span)?
Where will your new pet spend most of its time?

I hereby certify that the information provided is true and accurate. I hereby authorize Tallahassee Big Dog Rescue to contact any persons listed for references and verify all information.

Signature

Date