

Dog Adoption Questionnaire

The first page of this form is a questionnaire to help us find the best match possible for you! Once you have chosen a particular dog, please complete the second side of the application.



16 Mountain View Meadow Road
Morrisville, VT 0566
802-888-5065 X10
Fax: 802-888-4401

Pet Preferences

Applicant's Name: _____

<p>Do you have a preference of age, sex, size, physical appearance, or breed?</p>	
<p>Have you ever adopted before?</p>	
<p>What is your household like? <i>How many people live at the residence and their ages? Describe the activity, noise, or visitor level of your home.</i></p>	
<p>Describe the activity level of the dog you would prefer? <i>Are you looking for couch potato, running partner, or somewhere in the middle?</i></p>	
<p>How many hours will this dog be left home alone for?</p>	
<p>Are there any behaviors you would have a hard time tolerating?</p>	
<p>Who does this dog need to get along with? <i>Other dogs, cats, children?</i></p>	
<p>Are you open to adopting a dog with special needs or training? <i>Diet, medications, continuing health care, obedience class?</i></p>	
<p>What is most important to you for your new dog companion?</p>	

**If you are interested in going on our Wish List for a particular animal, please see our Customer Service Manager for details on how to register.*

Applying For: _____ Date: _____

First, Last Name:	Age:
First, Last Name:	Age:
Address:	Mailing Address (if different):
State, Zip:	
Cell Phone:	Home Phone:
Email:	Employer: FT/PT

Your Household

Property Type: House Apt/Condo Is this a Rental Property? Yes No

Landlord's name and number:

Have you researched your HOI/ HOA/ Landlord's pet policies? Yes No

What is your yard like? Fenced Unfenced No Yard

**A copy of your lease, written land lord approval, or proof of home ownership is required before adoption.*

Pet History Please list all pets (past and present) that you have owned in the past 5 years:

Name	Type	Age	Spayed/ Neutered?	Where is this animal now?	If this animal is currently in your home, are they good with dogs? Please Circle
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

Veterinary Care If you have owned a pet in the past 5 years, who was their vet?

Clinic Name & Number:

NCAL Reference:

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References Please provide 2 references (1 family or friend, 1 coworker or neighbor) *They cannot be someone who lives in the household or significant other:

Name	Relationship to you	Number /Email	NCAL Log:

For the purpose of adopting an animal, the undersigned certify that the above statements are true and complete, authorize North Country Animal League, or its agents, to verify any information given, to obtain any past medical information from the veterinarian concerning current or previous animals. North Country Animal League reserves the right to: determine whether a given animal is suitable to the person, family, or lifestyle; to deny any adoption in the best interest of the animal.