

CITY OF WALTHAM ANIMAL SHELTER

DOG ADOPTION QUESTIONNAIRE

DATE _____ Impound Number _____ Dog Name _____

PERSONAL INFORMATION:

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

How long at this address? _____ If less than 2 years, please list your previous 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? _____

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? _____