

Rescue Operation Adoption Questionnaire

Your answers on this questionnaire will help us match your needs with the dogs in our program. Please print this form and mail to address below.

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: DAY: _____ EVENING: _____

EMAIL: _____

1. Please check your preference: () Male () Female () Either

2. What size do you want your dog to be when fully-grown?

() 70 to 80 lbs. () Over 80 lbs.

3. Do you have a preference for the age of your dog?

() Under 1 year () 1 to 2 years () 2 to 4 years

() Over 4 years () No preference

4. How many people in the household? _____

If any children, what ages and sexes? _____

5. Who is the dog for? () Self () Spouse () Children

6. Have you ever owned a dog before? () Yes () No

If yes, what happened to your previous dog(s)?

Please give a brief history.

7. Why do you want to own a dog? Please state reasons below.

8. Explain the pet policy where you live.

9. Who is home during the day?_____

10. Do you have a fenced yard? () Yes () No

If no, where will the dog be kept when you are not home?

11. Approximately how many hours a day will your new dog be alone?

Check one.

() 3 hours or less

() More than 3 hours, but less than 6

() More than 6 hours, but less than 12

() More than 12 hours, but less than 18

() More than 18 hours, but less than 24

12. Where will the dog be during the day?_____At night?_____

13. When you are away overnight?_____

14. Who will have primary responsibility for the care of your dog?

15. Have you and your family discussed the pros and cons of
owning a dog?

16. What is your occupation? _____ How long employed? _____

17. Name and address of your employer :

18. Do you and your family understand that owning a dog requires
a lot of time energy if the dog is to be properly cared for?

19. Do you and your family understand that a dog requires a 10 to
15 year commitment?

20. Have you considered the financial cost of dog ownership?
(Food, training lessons, grooming, supplies, veterinary treatments)

21. Are you financially prepared to give your dog the routine
medical care it requires? (Heartworm preventative, annual
booster shots, annual check-up, etc.)

22. Do you intend to keep the dog primarily indoors or outdoors?
(Please explain)

23. Where will the dog sleep at night?

24. What other animals currently live in your household? Please list.

25. Do you have a veterinarian you have used before or plan
to use with your new dog?

☐ No ☐ Yes

If yes, Please provide name/ address/ telephone.

26. How did you find out about our organization?

☐ Web Page (Name _____)

☐ Shelter (Name _____)

☐ Newspaper (Name_____)

☐ Friend (Name_____)

☐ Other (Name_____)

27. Would you consider volunteering for our organization?

☐ Yes ☐ No

If yes, in which of the following areas?

☐ Foster care

☐ Grooming and bathing dogs

☐ Transportation of dogs (i.e. picking up from pounds,vets, etc.)

☐ Telephone calling (i.e. screening adoptive homes,
counseling owners,organizing events & volunteers etc.)

() Other _____

Do you, the undersigned, understand that any misrepresentation of yourself or any untruths in the information which you have provided herein will invalidate this adoption agreement and will give us the right to reclaim the dog without adoption fee and without having to resort to court procedures .

Signature

Date

**Rescue operation
a/s Marthe Millas
4410 Bl.St-Joseph app.2
Lachine, Québec
H8T 1R2**