



# PRE-ADOPTION QUESTIONNAIRE

815 Ironwood St N Jerome, ID 83338 (208)324-8436  
LIKE US ON FACEBOOK @ Jerome Shelter

ALL APPLICATIONS MUST MEET ADOPTION GUIDELINES. WE RESERVE THE RIGHT TO DENY ANY APPLICATION FOR ANY REASON. ALL DOGS WILL BE SPAYED AND NEUTERED BEFORE LEAVING THE SHELTER FACILITY.

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Age: \_\_\_\_\_

Driver's License: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

**Applicant:**

Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Spouse:**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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**Below please describe what type of dog you are most interest in (temperament, trainability, energy, size):**

Puppy    Dog   Age: \_\_\_\_\_   Sex: \_\_\_\_\_

Breeds Preferred: \_\_\_\_\_

Traits/temperament/size/trainability/energy/size: \_\_\_\_\_

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**To ensure we are placing you and the animal you are interested in adopting is in the best interest of both the adopting party and the animal, please answer the following questions honestly and to the best of your abilities.**

1. I am adopting this pet for:  Myself    Children    Gift    Other:

\_\_\_\_\_

2. Who will be primarily responsible for the care, training, supervision, and overall welfare of the animal?

\_\_\_\_\_

3. Do any of the household members have known allergies to dogs?    Yes    No

4. What will happen to this pet if you have to unexpectedly move? \_\_\_\_\_

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5. What will happen to pet when you go on vacation and/or if you have an emergency? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. What activities do you plan on including your dog in? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Have you ever trained a pet before?  Yes  No
8. If yes, what kind of training methods do you use? \_\_\_\_\_  
 \_\_\_\_\_
9. If no, what plan of action do you have to ensure the dog will be trained properly? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Do you have a regular Veterinarian?  Yes  No  
 Name of Clinic/Veterinarian: \_\_\_\_\_

11. Please list current pets residing in your home:

Type	Breed	Age	Sex	Indoor/Outdoor	Spayed/Neutered
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Are your pets current on their vaccination?  Yes  No
13. Where will the dog sleep at night? \_\_\_\_\_
14. Where will the dog be when left alone? \_\_\_\_\_
15. How many hours will the dog be left alone daily? \_\_\_\_\_
16. Will you allow shelter staff do a home check?  Yes  No AM \_\_\_\_\_ PM \_\_\_\_\_
17. Do you have a fenced yard?  Yes  No **Fully Enclosed**  Yes  No **Partially enclosed**  Yes  No
18. Height of fence: \_\_\_\_\_ Type of Fence: \_\_\_\_\_
19. Type of home: **Apartment**  **Condo**  **Duplex**  **Mobile Home**  **House**   
 Do you: Rent  Own   
**Please provide us with Landlord information if you rent (please note we will be contacting landlord to confirm you are allowed to have a dog living in the rental).**  
 Owner/Manager of Property: \_\_\_\_\_ Phone#: \_\_\_\_\_
20. How long have you lived at this address? \_\_\_\_\_
21. Do you plan on moving in the near future?  Yes  No

Signature of applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_

**Below is to be completed by shelter staff:**

**Dog Impound #** \_\_\_\_\_ **Approved:**  **Denied:**   
**Shelter Staff Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_