



# SPCA DOG ADOPTION QUESTIONNAIRE & FOSTER AGREEMENT

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THIS FORM MUST BE FILLED OUT COMPLETELY PRIOR TO  
ADOPTION.

Last Name (please print) \_\_\_\_\_ First Name \_\_\_\_\_

COMPLETE Physical Address (No P.O. Boxes) \_\_\_\_\_ Circle One (City/County)

City/State/Zip \_\_\_\_\_

COMPLETE Mailing Address \_\_\_\_\_ Circle One (City/County)

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date \_\_\_\_\_

1) What type of dog are you looking for? \_\_\_\_\_

Circle one: Housedog, Companion, Guard Dog, Working/ Hunting Dog, Gift, Other

2) What attracted you to this dog? \_\_\_\_\_

3) Is an adult home during the day? \_\_\_\_ Yes \_\_\_\_ No Who in your family will be responsible for the pet's daily care? \_\_\_\_\_

4) How long each day would the dog be left alone? \_\_\_\_\_ How would you contain the dog when outside? \_\_\_\_\_

5) Are you looking for: (check one) \_\_\_\_ Indoor \_\_\_\_ Outdoor \_\_\_\_ Indoor/outdoor

6) Where would the dog be kept during the day? \_\_\_\_ Indoors \_\_\_\_ Outdoors \_\_\_\_ Both

7) Where would the dog be kept at night? \_\_\_\_ Indoors \_\_\_\_ Outdoors When you travel on vacation? \_\_\_\_\_

8) What outside space is available to the dog? \_\_\_\_ Patio \_\_\_\_ Unfenced Yard ( approx. area of yard \_\_\_\_\_ sq. ft.) \_\_\_\_ Kennel \_\_\_\_ Fenced Yard ( approx. area of fence \_\_\_\_\_ sq. ft.)

9) A dog may live 15 years or more. Do you agree that pet guardianship is a lifetime commitment? \_\_\_\_ Have you now or ever had pets? \_\_\_\_\_ Please list:

10) Type of Pet (please list) How obtained Spayed/Neutered? Length of stay What Happened to pet?

\_\_\_\_\_  
\_\_\_\_\_

11) If you are a guardian of a cat has he/she been exposed to dogs? \_\_\_\_\_ How does your cat behave/react to dogs/puppies?

12) Primary reason you want to adopt this dog? \_\_\_\_\_

13) Is anyone in the household allergic to animals? \_\_\_\_ Yes \_\_\_\_ No

14) Under what circumstances would you be unable to keep this dog? \_\_\_\_\_

15) Animals are as individual as people. Are you willing to spend the time and effort needed to help this pet adjust to your home? \_\_\_\_ Yes \_\_\_\_ No. How much time? \_\_\_\_\_. Are you willing to adjust your lifestyle to ensure that your new pet will be happy and healthy? \_\_\_\_ Yes \_\_\_\_ No

16) If the dog became destructive, what would you do? \_\_\_\_\_

17) What method of punishment do you intend to use if the dog misbehaves? \_\_\_\_\_

18) What will happen to the dog if you unexpectedly move? \_\_\_\_\_

19) Are you aware that the costs of veterinarians and medications can be as much as several hundred dollars per visit per pet? \_\_\_\_ Including the costs of veterinarians, clinics, or hospitals, and medications, how much do you think it will cost to feed, vaccinate, license, purchase supplies for, and care for this dog each year? \$ \_\_\_\_\_

20) Would you object to an inspection of your premises by our staff? \_\_\_\_\_.

21) How did you learn about us? \_\_\_\_\_

22) Your email address \_\_\_\_\_

23) Name of Spouse/ Roommates \_\_\_\_\_

24) Number of People in household : Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

25) Occupations of Adults \_\_\_\_\_

26) Type of Dwelling: \_\_\_\_\_ House \_\_\_\_\_ APT \_\_\_\_\_ Other \_\_\_\_\_

27) Do You : \_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

28) Name of Veterinarian Clinic \_\_\_\_\_

29) Please list the names, addresses, and phone numbers of two references:

NAME

ADDRESS

PHONE NUMBER

30) **Have you ever been accused or convicted of animal cruelty or abuse?** \_\_\_\_\_

I certify that the above is true and correct. Any false information may result in the nullification of this adoption. I have done the necessary planning and budgeting in order to make this new addition to my household a welcome member of my family. I understand that all animals adopted from animal shelters in Virginia must be spayed or neutered before adoption. I further give the SPCA permission to check my veterinarian records to confirm the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SPCA Adoption Counselor \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

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