



**From No Home to Your Home**

**Mason's Haven**

**Pet Adoption Questionnaire**

Which dog would you like to adopt? \_\_\_\_\_

What do you like about this dog? \_\_\_\_\_

**Information about you**

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Who lives with you?**

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

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

**Are members of household in agreement to adopt a pet?** { } Y { } N

**Where do you reside?**

{ } House { } Apartment { } Condo { } Townhome { } Mobile Home { } Other

**If renting, please provide name and phone number of landlord**

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

Phone Number: \_\_\_\_\_

**Please list two references that we may contact:**

(1) Name: \_\_\_\_\_

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

(2) Address: \_\_\_\_\_

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

(3) City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

(1) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(2) Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(3) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Do you currently have any pets in the home? { } Yes { } No**

Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered? \_\_\_

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**Have you had pets before? { } Yes { } No**

**What type?** \_\_\_\_\_

**How long ago did you have your last pet?** \_\_\_\_\_

**Do you currently visit a veterinarian?**

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

If you currently have pets,

What monthly flea control do you use? \_\_\_\_\_

What monthly heartworm control do you use? \_\_\_\_\_

Do you take your pet(s) to the vet for annuals? \_\_\_\_\_

Do you bathe your pet? \_\_\_\_\_ Trim nails? \_\_\_\_\_

**Do you have a fenced yard? { } Yes { } No**

**What type and how tall?** \_\_\_\_\_

**Where will your pet stay when you are not at home?** \_\_\_\_\_

If outside, please describe where the pet will stay and what food, shelter and water will be provided.

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

**How long will the pet be alone during the day?** \_\_\_\_\_

**Where will your pet stay at night?** \_\_\_\_\_

**What activities do you see doing with your pet?** \_\_\_\_\_

**Will you be able to take walks with your dog?** \_\_\_\_\_

**Would you be interested in doing some training exercises with your pet?** \_\_\_\_\_

*I certify that the above information is accurate, and that I have willingly provided it to Mason's Haven. I will notify Mason's Haven of any changes related to this information. I understand that if I adopt a pet from Mason's Haven, this document becomes part of the adoption record.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*If approved based on the information provided, I give permission to Mason's Haven to conduct a home visit.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: Completion of this Questionnaire does not guarantee adoption of the pet.