

Impound Number: _____

Dog's Name: _____

CORDOVA POLICE DEPARTMENT DOG POUND

CANINE ADOPTION QUESTIONNAIRE

PERSONAL INFORMATION

Name _____ Home/Cell Phone _____

Spouse or other responsible party _____

Email address(es) _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Does anyone in your family suffer from allergies? _____

RESIDENTIAL INFORMATION

RESIDENCE: House Apartment Mobile Home Own Rent

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? _____ How tall? _____ feet

ADOPTION INFORMATION

If the dog is not yet spayed and/or neutered, do you plan on spaying and/or neutering him/her? _____

Where will the dog be kept when left alone? _____

If kept outside, will there be a dog run/doghouse? _____

If the yard is fenced, when the gate is closed, will the dog be completely enclosed? _____

If the yard is not fenced, how will you ensure the dog will not run or wander off your property?

What will you do with your dog if you move or go on vacation? _____

Please check all of the following that will apply to your new dog: Guard Dog Companion

Hunting Dog Family Pet Other _____

Impound Number: _____

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OTHER PET INFORMATION

Do you have other pets currently? _____ Number Type _____

If your other pets are cats and/or dogs, are they spayed and/or neutered? _____

Are your other pets current on their vaccinations? _____

What will you do if your newly adopted dog does not get along with your other pets for a while?

If you do not currently own other pets, have you ever owned a dog before? _____ Breed? _____

What happened to him/her? _____

Veterinarian's Name _____ Phone _____

Reference Name _____ Reference Phone _____

I certify that the information provided on this form is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinary care will be costly and am able to meet these requirements.

Signature(s) _____ Date _____

CORDOVA POLICE DEPARTMENT DOG POUND RESERVES THE RIGHT TO REFUSE ANY ADOPTION

I agree to vaccinate my new dog as soon as possible as required by CMC 8.04-130

*Unless Cordova Police Department has gathered proof of vaccination from previous owner

I agree to obtain a dog license as required by CMC 8.04.040

FOR STAFF ONLY: Approved _____ Selected More Appropriate Home _____

Comments _____