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Board of Commissioners
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Dog Adoption Questionnaire

Animal Name(s): _____

 (initials) In order to accommodate all visitors, we must limit meet and greets to a maximum of 3 animals per visit and 10 minutes per animal. In addition, meet and greets will end 15 minutes prior to closing. We require current dog(s) to meet with prospective dog. Thank you for your understanding.

Personal Information

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

State: _____ County: _____ DL#: _____

Email Address: _____

Are you planning to move in the next 6 months? (circle one) YES NO

Home Phone: _____ Mobile Phone: _____

Have you owned a dog before? (circle one) YES NO

Let's Make a Paw-sitively Perfect Match!

I have interest in a particular dog because _____

The most important thing I want in a dog is _____

Are you listed as the titleholder of your house or do you rent? OWN RENT

If you rent, does your rental agreement allow you to have animals? YES NO UNSURE

Landlord name: _____ Phone Number: _____

We require consent from the titleholder or landlord of the property to adopt an animal

Who lives with you in your home? (please list all family members/roommates):

Are there children in your home? YES NO

If yes, what are their ages? _____

I am adopting a dog as a:

- | | | |
|---|---|--|
| <input type="checkbox"/> Companion for me | <input type="checkbox"/> Companion for my other animal(s) | <input type="checkbox"/> Companion for my family |
| <input type="checkbox"/> Other _____ | | |

I consider my home to be:

- | | | |
|---|--|---|
| <input type="checkbox"/> Calm and quiet | <input type="checkbox"/> Sometimes quiet/sometimes noisy | <input type="checkbox"/> Busy; a lot going on |
|---|--|---|

My dog needs to get along with:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Other dogs | <input type="checkbox"/> Cats/small animals | <input type="checkbox"/> Children |
| <input type="checkbox"/> Doesn't matter | | |

I want my dog's energy level to be:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Not very active | <input type="checkbox"/> Middle of the road | <input type="checkbox"/> Very active |
|--|---|--------------------------------------|

My dog needs to be able to be alone (per day):

- | | | |
|--|---|---|
| <input type="checkbox"/> 4 hrs or less | <input type="checkbox"/> 4-8hrs at a time | <input type="checkbox"/> 8+ hours at a time |
|--|---|---|

When I'm not at home to supervise, my dog will be kept:

- | | | |
|---|---|--|
| <input type="checkbox"/> Crate | <input type="checkbox"/> Loose in the house | <input type="checkbox"/> Contained outside |
| <input type="checkbox"/> Confined to a room | <input type="checkbox"/> In the garage | <input type="checkbox"/> Other _____ |

I am willing to provide my dog with:

- No training Some training Whatever is necessary

I want a guard dog:

- Yes No I don't mind if the dog barks when someone is at the door

Do you have other animals? YES NO

Please list all pets you currently have or have had within the past 5 years:

Current Pet? Y/N	Name	Species/Breed	Spayed/ Neutered?	Age?	Owned for how long?

How much do you expect to spend on your dog each year? _____

Is there a situation in which you would not be willing or able to keep your dog? _____

I certify that all information provided is true and understand that false information may nullify this application and I authorize the Linda L. Kelley Animal Shelter to verify the above information. I understand that this questionnaire becomes a part of the adoption contract. I, as well as the individuals with me, fully assume all the risks involved with interacting with an animal. I, as well as the individuals with me, agree to follow the rules and safety instructions as given by LLKAS employees and volunteers authorized to act in a supervisory capacity.

Signature _____ Date _____