

ADOPTION QUESTIONNAIRE



Northern California Sled Dog Rescue  
P.O. BOX 5784  
Vallejo, CA 94591  
[WWW.NORSLED.ORG](http://WWW.NORSLED.ORG)  
E-Mail : [RESCUE@NORSLED.ORG](mailto:RESCUE@NORSLED.ORG)  
1-800-471-5822

Every person who adopts a NorSled Dog should be aware of the responsibilities of dog guardianship, and should be capable of and willing to accept those responsibilities mentally, physically and financially. Please be aware of the breed characteristics and educate yourself before adopting a Northern Breed Dog. Please feel free to ask a NorSled Representative any questions you may have. By completing this questionnaire, you will aid us in determining if you and your family are a fit for the dog you are interested in, and if the dog of your interest would suit you and your lifestyle.

Please be as complete as possible and print clearly.

If filling out in word to send by email, please backspace to type and use X's and underlines to complete clearly.

DOG(S) OF INTEREST: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL INFORMATION

Name: _____ Age: _____		
Name of spouse/partner/roommate: _____		
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____	
Work Phone: _____	E-Mail: _____	
Occupation: _____	Spouse Occupation: _____	
Work Schedule: _____	Spouse Work Schedule: _____	
Names of all persons living in your household, their relationship to you and their ages:		
_____		
_____		
Please list two personal references and their relationship to you:		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

ADOPTION QUESTIONNAIRE

YOUR HOME

Type of dwelling? House\_\_\_ Condo\_\_\_ Apartment\_\_\_ Other \_\_\_\_\_ Do you : Own\_\_\_ or Rent\_\_\_

If not a home owner, do you have the landlord's permission to have a dog? \_\_\_\_\_

Are there weight limits or breed specific rules concerning dogs? \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you allow an inspection of your home and yard areas by a NorSled Representative? \_\_\_\_\_

Please describe your yard areas and other areas where a dog(s) would be allowed access to including the type of fencing and heights of fencing. \_\_\_\_\_

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

YOUR COMPANION ANIMALS

CURRENT DOG(S)

Name and Breed	Age	Sex	Altered?	In or Out	How you acquired him or her?	How long have you had him or her?

OTHER PETS

Name and Breed	Age	Sex	Altered?	In or Out	How you acquired him or her?	How long have you had him or her?

PREVIOUS DOG(S)

Name and Breed	Age	Sex	Altered?	In or Out	What happened to him or her?	When?

Have you ever trained a dog in obedience classes? \_\_\_\_\_

Have you ever trained a dog? \_\_\_\_\_ If yes, what methods of training did you use? \_\_\_\_\_

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

Do you have Northern Breed experience? (explain) \_\_\_\_\_

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

ADOPTION QUESTIONNAIRE

YOUR NEW DOG

Who would be responsible for the care of the dog? \_\_\_\_\_

What is your primary reason for adopting a dog? \_\_\_\_\_

If for a companion, whose? \_\_\_\_\_

Where would the dog sleep? Inside\_\_\_ (where? \_\_\_\_\_) Outside\_\_\_ (where? \_\_\_\_\_)

How many hours per day would the dog be left alone? \_\_\_\_\_

Where would the dog be when left alone? Indoors\_\_\_ Outdoors\_\_\_

If indoors: free roam\_\_\_ crate\_\_\_ secluded room\_\_\_ Other\_\_\_\_\_

If outdoors: Yard\_\_\_ Kennel\_\_\_ Dog Run\_\_\_ Garage\_\_\_ Patio\_\_\_ Other \_\_\_\_\_  
Size:(\_\_\_\_\_) Size:(\_\_\_\_\_) Size:(\_\_\_\_\_) Size:(\_\_\_\_\_) Size:(\_\_\_\_\_) Size:(\_\_\_\_\_)

If yard: Fenced\_\_\_ Unfenced\_\_\_ Other \_\_\_\_\_ Do you have a dog door? Where? \_\_\_\_\_  
(\_\_\_\_\_' height)

Where will the dog be when you are at home? always indoors\_\_\_ mostly indoors\_\_\_ always outdoors\_\_\_ mostly outdoors\_\_\_

How do you plan to exercise your new dog? \_\_\_\_\_

If necessary, would you be willing to attend obedience training classes at your own expense? \_\_\_\_\_

Do you travel a great deal? \_\_\_\_\_ How often? \_\_\_\_\_ How long at a time? \_\_\_\_\_

When you travel, how do you intend to provide care for the dog when you are gone? \_\_\_\_\_

What provisions would be made for the dog if you had to move:

Locally? \_\_\_\_\_ Out of state? \_\_\_\_\_

To a place where no pets are allowed? \_\_\_\_\_

(Below please underline any that apply)

Under what circumstances would you not keep the dog? Divorce Illness in family Moving New baby New job Allergy

Housetraining problems Chewing Digging Shedding Barking/Howling Dog grew too big Dog became ill Kids ignore

Pets didn't get along Not obedient enough Other \_\_\_\_\_

Would not give up for any of the above reasons.

What would you do with the dog if you could not keep him or her? Return to rescue Take to shelter Give away Sell the dog

Other \_\_\_\_\_

What would you do if the dog became destructive to your home? \_\_\_\_\_

Will you provide monthly heart worm and flea preventatives? Yes No

If the dog becomes ill or injured, are you financially prepared to provide the medical care? Yes No

If yes, is there a maximum amount you would spend for your dogs medical needs?

\$ \_\_\_\_\_ Reason \_\_\_\_\_

The dog may live 15+ years, what would you do if you could no longer care for the dog? \_\_\_\_\_

ADOPTION QUESTIONNAIRE

Is there anything else you would like to tell us about yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Once your questionnaire is looked over, you will be contacted with the status of the dog(s) of your interest. At that time if he or she is available for adoption we will schedule an appointment to have you meet the dog(s). We will then, at the same time or another schedule a home evaluation if you are still interested in adopting.

Questionnaire information: All of the information I have provided in this questionnaire is true and correct. If any of the information changes I will notify NorSled promptly.

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

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

NorSled Use Only:

Questionnaire accepted by: \_\_\_\_\_ Date: \_\_\_\_\_



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