



Dog Adoption Questionnaire

FOR STAFF USE ONLY

- ASM
- Interaction with animal
- Behavior and temperament
- Medical/Vaccinations
- What to do first when bringing new pet home
- Crate training
- Introduce to other pets
- Explain diet recommendations
- Exercise/training
- ID Tag/Collar
- Explain microchip
- URI/Moving Stress
- PetFirst Insurance
- Behavior Help
- Return policy
- Payment

Comments: _____

FAMD Representative Name

Adopted: Yes / No

Dog Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell () _____ Home () _____

Email: _____ Birthdate: ____ / ____ / ____

Driver's License Number: _____

How did you find out about us? _____

Type of Residence (house, apt., etc.): _____

Circle one: Own / Rent / Live with Parents

Tell us about the members of your household (children, adults, seniors): _____

Pets in home (types and ages): _____

Your current veterinarian: _____

Companion animals can live 15-20 years. Are you able to take on this commitment? _____

Other information you would like to share: _____

We will provide information on the new pet's medical and behavior history, as well as tips on caring for the pet. Please check any of the following topics you would like additional information:

- Diet
- House training
- Grooming/Nail Trim
- Crate Training
- Manners/Basic Training
- Exercise/toys
- Pet Proofing home
- Finding a veterinarian
- Moving with pet
- Introducing a new pet
- Preventative care (fleas, etc.)

Other questions or concerns: _____

Please check services or opportunities that you would like more information about:

Volunteer opportunities Community services (spay/neuter, microchip) Supporting the Friends organization

My signature certifies that the Friends for Animals of Metro Detroit (FAMD) is authorized to gather whatever information FAMD considers necessary and appropriate for adoption of any animal. FAMD reserves the right to deny adoptions.

Signature

Date