

Adoption - Questionaire

Name of the dog:		
Your first name & family name:		
Age:		
City Code & City:		
Street:		
Profession:		
e-mail:		
Telephone number/mobile:		
1. Are you working?	□ Yes □ No	
a. If so, how many hours per day?		
2. Is your life partner employed?	□ Yes □ No	
3. How are your living conditions?	☐ Flat with m² area ☐ House with garden for: ☐ Rent Is there a written agreemen explaining the conditions fo keeping a dog? ☐ Yes ☐ No	
a. How many stairs to run?	☐ Ownership	
4. Your residential surroundings	☐ Suburb☐ Close to the city☐ Countryside	
5. Is a house moving planned in the near future?	□ Yes □ No	
6. How many members are in your family?		
a. If there are children, how old are they?		
7. Are there animal hair allergies in your family?	□ Yes □ No	



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8.	How many hours per day is the dog alone?		
9.	Do you currently own animals?	□ Yes	□ No
	a. If so, what kind of pet?		
10.	Did you ever had to give a dog up?	□ Yes	□No
	a. If so, for what reasons?		
11.	Do you want to visit a dog training school?	□ Yes	□ No
	a. If yes, what would you like to train?	☐ Hunting☐ Obedien	sports/Agility training
12.	Have you taken the maintenance costs for a dog into o	consideration Vet Surgerie Tax/Insu Castratio	s Irance
13.	What do you expect from this dog?		
14.	What character traits or characteristics should your ne	ew dog <u>definit</u>	ely not have?
15.	Do you want to let the dog breed?	□ Yes	□ No
16.	The integration into the family can eventually prove to you ready for this and do you know that your new hou		•
17.	Could you take a 2 week vacation after the arrival of the	ne animal?	□ No



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18.	Why do you want to adopt an animal?
19.	Do you have further questions?