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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? Yes/No	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. I further authorize the Linda L. Kelley Animal Shelter to verify the above information. I understand that this questionnaire becomes a part of the adoption contract.

Signature _____ **Date** _____

PLEASE READ AND SIGN THE WAIVER AND RELEASE OF LIABILITY BELOW.

Waiver and Release of Liability

I, _____, hereby agree to comply with all rules and regulations established at the Linda L. Kelley Animal Shelter and understand that failure to do so may result in my immediate removal from the shelter.

As a visitor, I hereby expressly and specifically assume the risk of injury or harm in any activities, including those activities related to interaction with live animals, and release the County Commissioners of Calvert County, Maryland, its officers, directors, members, agents, employees, representatives, contractors and subcontractors (hereinafter collectively referred to as "Calvert County Government") and the Linda L. Kelley Animal Shelter from any and all liability of injury, illness, death, property damage or loss resulting directly or indirectly from all activities. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. I, for my personal representatives, executors, heirs, devisees, successors, assigns, and myself, do hereby release and forever discharge and hold harmless the Linda L. Kelley Animal Shelter, any of its past, present or future officers, agents, volunteers, employees or assigns, and interested third parties from any and all liability, claims, and demands of whatever kind of nature, whether in law or in equity or both, which arise or may hereinafter arise from my activities with the shelter. I understand and acknowledge that this Release discharges the Calvert County Government and the Linda L. Kelley Animal Shelter, its officers, directors, employees, contractors and subcontractors, and agents, from any liability or claim that I, or my family, may have against the Calvert County Government and the Linda L. Kelley Animal Shelter with respect to bodily injury, personal injury, illness, death, or property damage that may result from visiting the shelter.

The undersigned represents and warrants that s/he is at least 18 years of age and has full legal capacity to execute this release on behalf of the Participant. The undersigned represents and warrants that s/he has read this release of liability, assumption of risk and waiver agreement and fully understands its terms and understand that s/he has given up substantial rights by signing it and signs it freely and voluntarily without any inducement.

Signature _____ Date _____

Printed Name _____

Relationship to Participant (if participant is a minor) _____