



WAGS 4 TAGS
Phone: 919-475-2076 or
919-522-0575
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www.wags4tags.org

VETERAN'S DOG ADOPTION QUESTIONNAIRE

Thank you for your interest in adopting a Wags 4 Tags dog! Please fill out this application and return it to us. After we receive and review this questionnaire, we will set up a meeting with you. After final approval we will begin looking for the perfect dog for your needs. Please call us (phone numbers above) if you have any questions. We look forward to serving you.

Describe your perfect companion Dog:

What type of behavior are you looking for in a dog? (sweet, loving, playful, assertive, energetic, confident):

PERSONAL INFORMATION

Name:		Spouse/Partner Name:	
Street address:			
City:	State:	Zip:	
Home phone:	Work:	Cell:	
e-mail:			
Employer:			
Dates worked:			
Supervisor Name and Contact Number:			
With whom do you share your household? (names, number of adults, number of children and ages of children)			
What branch did you serve in?			
How did you hear about Wags4Tags?			
Are you being treated/have you been told by a mental health or medical professional that you have PTSD/TBI?			
When were you diagnosed?			

What psychological symptoms are you experiencing:

[] Depression; [] Emotional Detachment; [] Difficulties managing anger; [] Impulsiveness; [] Difficulty responding rationally to crisis or stress; [] Difficulty falling/staying asleep; [] nightmares; [] other, explain: _____

List medications you are taking: _____

Do any of these medications impair your physical, social or mental functioning? Explain: _____

Do you belong to any clubs, groups or organizations (Lions Club, VFW, DAV, Kiwanis, Rotary, etc): _____

YOUR HOME

Type of dwelling: House • Apt • Condo • Other Describe Other Type:	Do You: Rent • Lease • Own •
If you rent/lease, do you have the landlord's permission to have a dog? Yes • No	
Have you asked the landlord if there are size or breed restrictions? Yes • No	
Describe restrictions:	
Do you have a fenced yard? Yes • No	
May a member of Wags 4 Tags visit your home and see the area(s) where the dog will be staying? Yes • No	

YOUR PET HISTORY

Do you presently have a dog? Yes • No	
If yes please tell us about your dog. Include breed, age and personality description	
Do you or any member of your family have animal-related allergies? Yes • No	
Describe:	
Have you trained a dog yourself? Yes • No	
Describe:	

Do you have a Veterinarian? Yes • No. Veterinarian name/phone number: _____ _____ (W4T reserves right to contact Veterinarian)
OTHER PET(S): Species: _____ Age: _____

YOUR NEW PET

What is your primary reason for adopting a dog? Companion • Protection/Guard Dog • Children want a pet • Companion for current pet(s) • Previous dog passed away/ran away/is no longer with you • Other:
Who will be the primary caretaker/companion of the dog? You • Spouse • Children • Other:
Where will your dog sleep?
How many hours per day will your dog be left without human companionship? Explain:
Where will the dog be left when he/she is alone?
Where will your dog be when you are home?
Will there be times when the dog is tied up? For how long? Please explain:
Will there be times when the dog is kept outside or in the garage for extended periods Yes • No Explain:
How will you exercise the dog?
If necessary, would you be willing to hire a trainer to help deal with obedience problems? Yes • No
When you are away from home on vacation or for work, what provisions will be made for the dog? (i.e., where will it stay? Who will care for it?)
Under what circumstances would you not keep the dog? Divorce • Illness in family • Moving • New baby • New job • Going to bathroom in the house • Chewing • Barking • Digging • Allergy • Escaping from house/yard • Shedding too much • Dog grew too big • Being destructive in the house (furniture, shoes, etc) • New partner allergic/doesn't like the dog • Biting • Dog became ill/high vet bills • Kids ignore the dog • Pets didn't get along • Not obedient enough • Other/Details:
If you could not keep the dog for any of the above reasons, what would you do with the dog?
Are you prepared to cover any medical expenses the dog may incur throughout his/her life? Yes • No If No, explain:
Is there anything else you would like to tell us about yourself?
What are some traits that you find annoying in dogs? (i.e. Licking, jumping on people, barking at strangers)

Which of the following do you need/want from a dog: a dog that will cuddle, jog with, talk long walks with, travel with, hunt, swim, or hike with, fetch. One that will encourage you to go outside to play; stay inside and watch tv with you; bark at strangers; welcome new people; other?

By signing below I attest that all of the information I have provided in this application is true and correct. I understand that filling out an application does not guarantee adoption. I understand that if I do adopt a Wags 4 Tags dog, I will sign a contract and this application will become part of that contract. If any information contained in this application is found to be false, I understand that the adoption contract will be considered null and void, and the dog may be reclaimed. I also understand that

I hereby give Wags 4 Tags the right to use any photograph taken of me and my dog to be used for advertising or public awareness campaigns

or any lawful purposes; I waive any right to inspect or approve the finished product. I will not be compensated in any way should the photo

be used. . *Please note: This is not a guarantee that your photo will be used.

Signature: _____ Date: _____

Print Name: _____

NOTE:

A “Companion Dog” is a trained, well behaved dog that meets the AKC’s Canine Good Citizenship criteria

An “Emotional Support Dog” is a highly trained, well behaved dog that not only meets the AKC’s CGC criteria, but is trained to perform a task that mitigates a Veteran’s disability, thus helping owner to function more fully. (Examples: waking owner from nightmares; opening/closing doors; turning light switches on/off; mobility support.) A signed “Letter of Prescription” from your healthcare provider is required. (See additional forms on site.)