The Bumper Foundation
12546 Dexter Park Road Unit "B"
Sylmar, CA 91432

ADOPTION QUESTIONNAIRE

Date_____   Desired Dog: _____

Name of Applicant: _____

Occupation:_____   Age_____

Spouse/Significant other/Roomate:_____

Occupation:_____

Names & Ages of Children, if applicable:
_____

Do you plan on having children ?_____If so, when?_____

Other occupants at home:_____

Home Address:_____

City _____Zip:_____

HOME Phone: _____ WORK Pone:_____

MOBILE:_____ OTHER:_____

E-MAIL:_____

Type of dwelling: House_____ Condo_____ Apt._____ Other:_____

Do you own?___ Rent?_____ if renting, do you have permission from landlord to

have a dog? Y___ N___ If rental, please provide Landlord's contact info:

1. Primary reason for wanting a dog? Companion____ for children_____

   Gift_____Companion for other pet____Watchdog_____Other_____

2. If you have children, please describe their previous experience with dogs:
   _____

3. If your children did not want a dog, would you be interested in adopting a

   dog for yourself?   Y____   N____

4. Does anyone in your household have allergies?   Y___ N___

   Describe_____

5. Other animals in household? Number____   Breed, Gender & age of each:
   _____

6. Are your pets spayed/neutered Y___   N___

7. Did you ever allowed an animal to breed? Y___   N___

8. Anybody home during the day? Y____ N_____

   Please explain:_____

9. When will the dog be inside?_____

   Outside?:_____

10. How many hours per day will the dog be left alone?_____ Where will dog

    be when left alone?_____

11. Where will the dog sleep? Dog house___ Garage___ Laundry room___

    Kitchen___ Master bedroom___Child's room___ Bathroom__ Other___

    Please explain: _____

12. Any rooms off limits to the dog? Y___   N___

    Please explain:_____

13. Do you have a doggie door? Y___   N___

14. Outside areas available to dog? Fenced yard___ Enclosed Patio___

    Balcony_____   Dog House_____   Garage_____Other_____

15. Type of fencing? Chain link__   Wood ___   Block wall___ Other_____

16. Height of fence: Highest point_____   Lowest point_____

17. Are their gates? _____   How many? _____   How high?_____

18. Have you recently inspected your fence? Y____N_____

    Is it secure, without holes, gaps, or low points? Y____N_____

19. If NO, and your application is accepted, do you agree to thoroughly
    inspect your fence and make any necessary repairs before the home
    visit? Y_____   N_____

20. Are there any locks on the gate[s]? Y____N_____

    If yes please describe: Padlock____ Key____ Latch____ Other_____

21. Who has access to your yard?

22. Gardner___Poolman___Housekeeper___Utility___Neighbor___Other___

23. Preferred level of exercise with dog? Couch potato___ Short walks___

    Vigorous walks___ Hike/jog___

24. When you go on vacation, who will care for the dog?

    _____

25. The Bumper Foundation suggests premium to ultra-premium grade food
    for optimum health for your dog.

26. What kind of food will you feed the dog? Brand of wet _____

    Brand of Kibble_____ Open to suggestions? Y___   N____

27. Do you have a regular Veterinarian? Y___   N____

28. VET"S NAME & #:_____

29. Who will groom and bathe your dog?_____

30. Would your dog wear a collar? Y_____   N_____

31. Would you allow your dog to wear a permanent RESCUE I.D. tag?
Y__N____

32. How do you rate your level of dog owning experience?

1st pet _____ Beginner ____Intermediate_____ Advanced____

Other_____Explain:_____

33. How would you discipline your dog if he or she misbehaved?
_____

34. How would you train this dog? Obedience class___Hit on nose gently

with Newspaper___Firm verbal command____ Clicker/hand signals____

OTHER_____

35. How do you normally walk your dog? ON LEASH?____OFF
LEASH?____

36. When on Leash I normally use: Collar only____ Choke chain___

Harness____ Other_____

37. Are you willing to live with hair on the furniture, stains on your rugs, a
warm body on your bed, and an animal that might be destructive at
times? Y___ N____

38. Pets are an investment of your time and money. Can you afford to
provide medical care, grooming, proper diet, shelter and exercise for your
new pet? Y___ N___

39. Are you able to make a long-term commitment to care for your pet for it's
entire life span, which could be as much as 10- 20 years? Y___ N___

40. What would happen to your pet if you moved?_____

Locally?_____Out of State?_____

Out of Country?_____

41. Have you ever given a pet away? Y___ N___ If so, please explain:

_____

42. Which of the following reasons might prompt you to give up your dog?

Excessive Barking___Biting___ Digging___ Moving___ Divorce_____

Shedding___Destructive Chewing___ Financial _____Poor watchdog___

Growling/barking at guests___ Allergies___ Vet Bills___ Aggressive on

leash___ New spouse/partner doesn't like dog___

None of the above____

43. Will you agree to consult and pay for a trainer or behaviorist if any problems develop? Y___N___

44. Please list pets you have owned since you have been an adult:

45.   Animal Name: _____ Breed_: _____

46. LENGTH OF OWNERSHIP_____

47. WHAT HAPPENED?_____

48. How did you find out about our adoption program?
_____

49. Why are you interested in adopting from a rescue?

_____

Other notes comments: _____

_____

Please read and initial each statement below.

I understand that a home visit is required prior to final placement _____ [initial]

I understand that a home visit does not guarantee placement _____[initial]

I agree to provide my own collar, leash, choke chain or harness, and **personal ID** at the time of completing the adoption contract _____[initial]

I can_____ cannot___ make a tax deductible donation of at least $150 - $400 to help cover costs, such as medical and board,

ANYTHING OVER THAT AMOUNT WILL HELP PROVIDE medical care, spay and neuter, board and place other abandoned dogs.

I understand that any donation or contribution is a gift freely given, and not a purchase price for a dog and we are happy to negotiate. _____ [initial]

I understand after 7 days, 1/2 of the donation is non-refundable_____ [initial]

I understand after 14 days the full donation will be non-refundable_____[initial]

The Bumper Foundation reserves the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract_____[initial]

If the adoption of_____ for any reason does not work out, now or in the future, you must return them to The Bumper Foundation_____[[nitial]

Adopter is aware they are adopting a dog that has been rescued by our organization. You understand and acknowledge that Bumper Foundation makes no representation or warranty about the health or disposition of the dog other than the fact that in our care the dog has not exhibited an aggressive behavior and seems to be in reasonable health.

You further understand and acknowledge that you assume the risk should the dog exhibit aggressive behavior or health issues arise and you will not hold the Bumper Foundation liable in the event of such behavior. _____[initial]

SIGNATURE_____DATE:_____
(Adoptor)

SIGNATURE_____DATE:_____
(For Bumper Foundation)