

INHOME VISIT

| | | | | | | | | |
|--|-------------------------------|--------------------------------|-------------------------------------|---|--------------------------------|--|--------------------------------|----------------------------|
| Applicant's Name | | | | | Date of Visit | | | |
| Address Physical & Mailing | | | | | Phone # | | | |
| Neighborhood and Home | | | | | | | | |
| Describe the Street | <input type="checkbox"/> Busy | <input type="checkbox"/> Quiet | <input type="checkbox"/> In-between | Describe Setting | <input type="checkbox"/> Rural | <input type="checkbox"/> Suburbs | <input type="checkbox"/> Urban | |
| Is there a Yard | <input type="checkbox"/> Y | <input type="checkbox"/> N | Is it fully fenced? | <input type="checkbox"/> Y | <input type="checkbox"/> N | Describe condition of fence on next line. Height, type, missing boards, loose boards, holes, gate latches secure, spaces or gaps at bottom where dog can dig out? | | |
| Fence | | | | | | | | |
| Is there anything in the yard that can cause pose a danger to the dog? Woodpiles, debris, disposed toxic cans | | | | | | | | |
| Is there shelter in the yard for the dog (covered porch, kennel, etc) | | | <input type="checkbox"/> Y | <input type="checkbox"/> N | Describe: | | | |
| Describe condition of the home (good repair, clean, neat, no debris on floor, hazardous substances out of reach of dog?) | | | | | | | | |
| | | | | | | | | |
| Is there anything in the house that could pose a danger to a dog (exposed cords, houseplants, lots of small objects that the dog can chew?) | | | | | | | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | If Yes, explain | | | | | | |
| Will dog have access to garage? | | <input type="checkbox"/> Y | <input type="checkbox"/> N | Good repair, neat clean, no debris on floor, hazardous substances out of reach of dog? | | | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| If yes , explain | | | | | | | | |
| Will dog have access to basement? | | <input type="checkbox"/> Y | <input type="checkbox"/> N | Good repair, neat clean, no debris on floor, hazardous substances out of reach of dog? | | | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| If yes , explain | | | | | | | | |
| The Family | | | | | | | | |
| | | | | | | | | |
| Who is present for home visit | | | | | | | | |
| Ages of any Children | | | | Was everyone enthusiastic about adopting the dog? | | | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| If no, Explain | | | | | | | | |
| Describe behavior of children in relation to adults, other children, and any pets | | | | | | | | |
| Where will the dog stay when family is away? | | | | | | | | |
| How many hours typically would the dog be alone? | | | | | | | | |
| If you brought your own dog along, how did the children relate/react to it? | | | | | | | | |
| Describe the behavior of adults among themselves and to any pets or children | | | | | | | | |

INHOME VISIT

| | |
|---|---|
| Will the adults monitor the behavior of the children with the dog? | <input type="checkbox"/> <input type="checkbox"/> Y N |
| Do applicants have basic understanding of the dog's needs and behaviors? | <input type="checkbox"/> <input type="checkbox"/> Y N |
| How will they introduce the new dog to the other pets? | |
| Do they understand that sometimes rescues go through a period of adjustment? | <input type="checkbox"/> <input type="checkbox"/> Y N |
| How will they handle this? | |
| OTHER ANIMALS | |
| What other pets do they own: | |
| Did you meet their existing pet and are they well cared for | |
| Are their pets well behaved Explain: | |
| If there is more than one resident dog, how do they interact? | |
| Do the resident pets share the same areas or are they separated, do they go outside at different times, sleep separately , etc? | |
| Are there any special needs, issues, unusual circumstances or concerns that we should consider about this home? | <input type="checkbox"/> <input type="checkbox"/> Y N |
| If yes, explain | |
| Would you feel comfortable recommending and placing a dog in this home? | <input type="checkbox"/> <input type="checkbox"/> Y N |
| Other Comments: | |
| Please include pictures of home , inside/outside and yard. | <input type="checkbox"/> <input type="checkbox"/> Y N |
| Volunteers name | |
| Phone | Email |