



Adopt A Boxer Rescue



www.AdoptABoxerRescue.com

PO Box 423
Harrison, NY 10528

Toll Free: 877 570 0360
Email:
nfo@AdoptABoxerRescue.com

Contact: _____

Home Visit Report

Applicant: _____

Home Visit Date: _____

Address: _____

1. Describe the street: Busy _____ Quiet _____ in-between _____

2. Describe the setting: Rural _____ Suburban _____ Urban _____

3. Is there a yard: Yes _____ No _____

4. Is the yard fenced: Yes, fully _____ Yes, Partially _____ No _____

5. Describe the fence (height, type, condition). _____

6. Are there any dogs or other animals that live adjacent to this property? Yes _____ No _____

If Yes list type, and describe how they are contained _____

7. Is there a lock on the gate? Yes _____ No _____

8. Describe the condition of the home: for example, in good repair, clean, neat. _____

9. Where will the dog sleep? _____



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10. Is there a crate available? Yes_____ No_____ If Yes, describe the dimensions, and type_____

11. What will dog have as bedding?_____

12. List the ways they have prepared for the new dog's arrival._____

13. Describe where dog will be kept when home alone._____

14. Are there dog toys available? Yes_____ No_____ Plan to purchase_____

If Yes, describe_____

15. Describe the garage; for example, in good repair, clean, no debris on the floor, hazardous substances out of reach of the dog.

16. Will the dog have access to the garage? Yes_____ No _____

17. Describe the behavior of adults among themselves, and to any other pets or children - respectful, hectic, loud, quiet, commanding. _____



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18. Describe behavior of children in relation to adults, to other children and to any pets. _____

19. Any special needs, unusual circumstances or concerns that we should consider? Yes _____ No _____

If Yes, please explain _____

20. Would you feel comfortable leaving your dog with the applicant? Yes _____ No _____

If No, please explain: _____

20. Comments: _____

AABR Representative: _____
(Please Print)

Signature _____