

Starting Over Airedale Rescue, Inc.

1721 Peavy Road, Howell, Michigan 48843

www.soar-airedale-rescue.com



Home Visit Checklist

HOME OF

Name _____

Address _____

City _____ State _____ Zip _____

BACKGROUND

Who is adopting? Husband Wife Other _____

Who is the primary caregiver? Husband Wife Other _____

Who really wants a rescue dog? Husband Wife Kids Other _____

******(If the primary caregiver is not the person who really wants the Airedale – RED FLAG!)******

Is this an Airedale experienced family? Yes No

What does the family like or dislike about Airedale Terriers? _____

Pets currently in family: (Name, Age, Breed) _____

What is the condition of current pets? (Groomed, Active, Friendly...) _____

If you brought your dog on this home visit, how do other pets react? _____

Brand of dog food family uses: _____

Current pets on any medications? Name them: _____

Have any new pets been acquired since the SOAR application was submitted? Yes No If yes, why: _____

FAMILY

Who are the members of the household? (Names, Ages) _____

How active or inactive are the household members? _____

How much attention will this Airedale receive? From which household members? _____

Who will: Take Airedale for walks? _____

Take Airedale to obedience classes? _____

Play with the Airedale? _____

Will the Airedale have free access to all parts of the house? Yes No – list areas that are off limits and why: _____

Will the Airedale be allowed on the furniture? Yes No

PHYSICAL SET-UP

If fenced yard: Type of fence _____

Approximate size of fenced area _____

Condition of fenced area (could Airedale get out by jumping over, crawling under, etc) _____

Is there a door from the house opening directly into the fenced area? Yes No

If no fence: Trolley _____

Pen (approximate size) _____

Other _____

FAMILY ROUTINE

Where will the Airedale sleep at night? _____

Will the Airedale be alone during the day? Yes No If yes, for how long? _____

Where will the Airedale stay during the day if he is alone? ***** (Outside is NOT an option) *****

THE RESCUE AIREDALE

What age and sex of dog are the people looking for? Male Female 1-3 yrs 3-6 yrs over 6 yrs

Will the family consider a special needs Airedale? Yes No

Medical issues _____

Behavior issues _____

Might this family foster a rescue Airedale? Yes No

How does this family react to your Airedale(s) if you brought him/her on the home visit?

***** (This is a critical question – if family is standoffish or distant – RED FLAG) *****

Do they get down on the Airedale's level to pet and play with him/her? Yes No

Do they talk to the Airedale? Yes No

If the Airedale is large, are they afraid of him/her? Yes No

Does the family have unrealistic expectations regarding an Airedale Terrier? Yes No

***** (Please notice any unusual questions or comments) *****

KEY QUESTION: Would you feel comfortable placing your foster dog or one of your dogs with this family? Yes No

***** (If you are hesitant, you may have noticed something that was not addressed in this questionnaire. Note your feelings) *****

Additional Notes:

Name of person doing the home visit _____

Phone Number _____ / _____ / _____ Date _____