



HOME INSPECTION for ADOPTION

Date of Home Inspection: _____

Name, address and telephone number of person being inspected: _____

_____ () - _____

Name of SENC Rescue representative that requested this home inspection: _____

1. Does the prospective Rescue owner have a fenced in yard?

Yes. Please describe _____

No. Please describe surroundings _____

2. What other pets are in or outside of home? Are they spayed/neutered?

3. How do all the family members act about having a Newf to take care of?

4. Is the home clean and free from clutter inside and out? If not, please explain:

5. Do the potential owners understand a Newfoundland CANNOT be left outside unattended in the Southern Region? __

Do they realize a Newf can pass away quickly from the weathering heat even if there is shade? _____

6. Are they willing to give love, attention and exercise this Newf for the rest of its life? _____

7. What activities would they like to do with this Rescue Newf?

8. Do you the INSPECTOR feel this home is suitable for a Rescue Newfoundland to live out the rest of his/her life? YES or NO

Please explain why this would or wouldn't be a good home for a Rescue Newfoundland.

Name, address and telephone number of person doing inspection: _____

_____ () - _____

Mail completed form to: