



Southern States Mastiff Rescue

AL, FL, GA, MS, NC, SC, TN, VA
WWW.SOSMASTIFFRESCUE.ORG

Send to State Coordinator

Home Evaluation Form cont:

How did the family's pets feel about you and your dog? Friendly: _____ Mean _____

Annoyed: _____ Ran/hid: _____ Barked: _____ Wary: _____ Indifferent: _____

Did you or your dog dislike any family member? Yes _____ No _____ Explain: _____

How did the family members feel about drool? Disliked: _____ Indifferent: _____

Prepared with towels: _____ Oh well attitude: _____ OK _____

Additional Comments: _____

Should this family be allowed to adopt a Mastiff? Yes _____ No _____ Why not: _____

State Coordinator for Visited Address: _____



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Send to State Coordinator

Home Evaluation Form

Print Name Visited _____

Address _____

City, State and Zip Code _____

Telephone # _____

Cell Phone _____

E-Mail Address _____

SSMR Use only

SSMR Volunteer Name Printed _____ Signature _____

E-Mail Address _____ Telephone # _____

Date of Home Visit _____

How were you greeted? Warmly: _____ Excited: _____ Calmly: _____ Reserved: _____

Indifferent: _____ Irritated: _____

How was your dog greeted? Warmly: _____ Excited: _____ Calmly: _____ Reserved: _____

Indifferent: _____ Irritated: _____ Fearful: _____

Which family members were present during your visit? Husband _____ Wife _____

Other Adults Living There _____ Children (how many & ages) _____

Is there a fenced yard? Yes _____ No _____ Height: _____

Where will the dog sleep? House: _____ Crate: _____ Anywhere: _____ Outside: _____ Doghouse: _____

Garage: _____ Kennel: _____ Owner's Bed: _____ Couch: _____

Where will the dog eat? House: _____ Crate: _____ Anywhere: _____ Outside: _____

Kitchen: _____ Garage: _____ Kennel: _____ Bathroom: _____ Patio/Porch: _____

Did all the family members enjoy your dog? Yes _____ No _____ Explain: _____
