



DOG ADOPTER SURVEY (Please Print)
 Last Name _____ Date _____
 Address _____ Drivers License _____
 City _____ State _____
 Home Phone _____ Zip _____
 Work Phone _____ Email _____
 Cell Phone _____
 First Name _____
 Date of Birth _____

Adapted from the ASPCA Meet Your Match Canine-ality.

1	I have owned a dog before.	YES	NO			Currently own dog(s)
2	The last time I had a dog was ...	2-10 years ago	More than 10 years ago			Not currently, but within the last year
3	My dog needs to get along with my other dogs.	NO				YES
4	My dog needs to be good with (circle all that apply) List kids & ages: _____ _____ _____ _____	Children over 10 years old	Children under 10 years old	Elderly People		Cats Animals other than dogs or cats
5	My dog will primarily be an ...	Inside dog				Outside dog
6	How many hours will your dog spend outside per day? _____ hours					
7	My dog needs to be able to be alone ...	4 hours or less per day	8-10 hours per day	2 hours or less per day	12 hours per day	
8	When I'm at home, I want my dog to be by my side ...		All of the time	Some of the time	Little of the time	
9	When I'm not at home, my dog will spend its time...	In the garage In a crate in the house	In the yard			Loose in the house Confined to one room in the house
10	I want a guard dog.	NO				YES
11	I want my dog to hunt or herd with me.	NO				YES
12	I want my dog to be the type that is very enthusiastic in the way s/he shows s/he loves people.		Not at all	Somewhat	Very	
13	I want my dog to be playful.		Not at all	Somewhat	Very	
14	I want my dog to be laid back.		Very	Somewhat	Not at all	
15	I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash.		No training	Some training	A lot of training	
16	I (or my children) want to participate in Agility, Flyball, or Obedience with our dog			NO	YES	
17	I am interested in a dog with "special needs" (medical or behavioral).			NO	YES	
18	How much do you think you'll spend yearly for the care of your dog? (food, medical care, boarding, toys, etc...)					\$ _____
	FOR OFFICE USE ONLY:		N:	M:	L:	K:
						D: 1-2-3-4-5-6-7-9-10-11-18

Failure to fully answer questions may cause a delay in your adoption process.

19	Do you:	Own Rent Live with Parents Other If renting, Landlord name _____ Phone# _____
20	Residence Type:	House Apartment Condo Duplex Mobile Home Open Yard Fenced Yard Dog Run Tie Out Invisible Fence
21	I am adopting this dog/puppy for:	Myself My Children My Family A Friend A Relative
22	List pets you have owned during the past 5 years: Name Species/Breed Age Sex	Sterilized (Y/N) Indoor/Outdoor Deceased (Y/N) If No, where living now? _____-_____ _____-_____ _____-_____
23	Are your pets up to date on vaccinations?	NO YES
24	What is the <u>name</u> , <u>phone number</u> and <u>city</u> of your veterinarian?	
25	Is anyone in your family allergic to dogs?	NO YES, who: _____
26	When it comes to dog training and obedience, our household is:	<input type="checkbox"/> Easygoing - don't have many rules <input type="checkbox"/> Moderate – follow some rules <input type="checkbox"/> Strict – stick to the rules
26	Bad habits that I can not tolerate are:	
27	How will you handle destructive behavior?	
28	What will you do with the dog/puppy if you move?	
29	Under what circumstances would you return or give away this animal?	
	Other Comments:	

FOR STAFF USE: **Adoption Counselor:** _____

Interested in adopting

Animal ID#

_____	_____
_____	_____
_____	_____

Comments: _____
