

Dog Adoption Questionnaire

Why do I need to provide my personal information before meeting an animal?

We request that any potential adopters fill out initial information before meeting an animal, so that our staff can better serve you and your needs. This information will help us place animals in new homes, and we ask for your cooperation in the exciting process of bringing your new pet to you.

FOR OFFICE USE:

P#: _____

A#: _____

Date: _____

Time: _____

Your Information

Full Name:				Address:		
City:		Postal Code:		Apartment Number:		
Email Address:						
Phone Number:						

About You and Your Home

Please select the appropriate age category:

Under 18 18+

What best describes your living environment?

- Townhome
- House
- Apartment/ Condo
- No Yard
- Small Yard
- Large Yard
- Acreage

In your home, what is the number of:

- Adults (18+)
- Children

Is anyone in your home allergic to dogs?

Yes No

Where will your dog stay when you are not home?

- Loose in the house
- Crated inside
- Outside
- Spare room
- Other:



Pet Care

	Yes	No
Have you had dogs before?		
Were you the primary caregiver?		
Are there other pets in your household?		
If yes, are the up to date with vaccines?		
Do you currently have a vet?		

What sort of enrichment do you plan to offer your dog?

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Dog Park | <input type="checkbox"/> Agility training | <input type="checkbox"/> Brushing |
| <input type="checkbox"/> Clicker training | <input type="checkbox"/> Short walks | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Schutzhund | <input type="checkbox"/> Long walks | |
| <input type="checkbox"/> Runs | <input type="checkbox"/> Playtime | |

What methods would you use to train your new cat?

- | | | |
|---|---|--|
| <input type="checkbox"/> "Cesar's Way" | <input type="checkbox"/> Tap on the nose | <input type="checkbox"/> I've completed training courses |
| <input type="checkbox"/> Positive reinforcement | <input type="checkbox"/> Treats and rewards | <input type="checkbox"/> Other |
| <input type="checkbox"/> "No!" and point | | |

How often should your dog see a veterinarian?

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Once every 3 years | <input type="checkbox"/> Annually | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> When sick | <input type="checkbox"/> Twice a year | <input type="checkbox"/> Other |

How much do you think you'll spend annual on your dog?

- | | |
|---|---|
| <input type="checkbox"/> \$100 - \$500 | <input type="checkbox"/> \$1000 - \$15000 |
| <input type="checkbox"/> \$500 - \$1000 | <input type="checkbox"/> \$1500+ |

What is the best diet for your dog?

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Dry kibble | <input type="checkbox"/> Homemade | <input type="checkbox"/> Vet Recommended |
| <input type="checkbox"/> Raw | <input type="checkbox"/> Wet/ Canned | |
| <input type="checkbox"/> Table Scraps | <input type="checkbox"/> Other | |



Tell Us What You're Looking

Sex	Female		Male		No Preference	
Age	Puppy	Young Adult	Adult	Senior	No Preference	
Energy	Low		Moderate		High	
Size	Small (5 - 25 lbs)	Medium (26 - 60 lbs)	Large (60 - 100 lbs)	Extra Large (100+ lbs)	No Preference	
Coat	Short	Medium	Long	Non-shedding	No Preference	

It is very important for my dog to... (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Be friendly with me | <input type="checkbox"/> Enjoy being held/ pet |
| <input type="checkbox"/> Be friendly with children | <input type="checkbox"/> Be quiet |
| <input type="checkbox"/> Be low maintenance | <input type="checkbox"/> Be friendly with cats |
| <input type="checkbox"/> Be active/ playful | <input type="checkbox"/> Be friendly with other dogs |
| <input type="checkbox"/> Be friendly with visitors/ family members | |

Which of the following would you be willing to work on with your dog?

- | | |
|---|---|
| <input type="checkbox"/> House training | <input type="checkbox"/> Shy/fearful behaviours |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Barking problems |
| <input type="checkbox"/> Jumping up and mouthing | <input type="checkbox"/> Socialization |
| <input type="checkbox"/> Food and/or toy possessiveness | <input type="checkbox"/> Basic training/ leash skills |

To keep you informed about important campaigns and to ask for support, we will from time-to-time telephone, email and send mail to you. If you would like to receive phone calls, emails or mail please check this box:

Applicant Signature:

Date:

Thank you for completing this questionnaire. The information provided will help us to find the best matches to your interests.

