

# dog adopter survey



first name	last name		date	
address	city		state	zip
home phone ( ) -	work phone ( ) -	email		

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	10 years +		Not currently, but within the past year
3	My dog needs to get along with other dogs.	NO	If yes, list names, ages, genders and breeds: _____		
4	My dog needs to be good with: (circle all that apply)	Children over 8 years old	Children under 8 years old	Elderly People	Cats Animals other than dogs and 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 (per day)...	4 hours or less	8-10 hours	4-8 hours	2 hours or less 12 hours
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 her 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 she shows she 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	It's most important to me that my dog _____				
FOR OFFICE USE ONLY					

Pending PW# \_\_\_\_\_ Name \_\_\_\_\_ until \_\_\_\_\_ at \_\_\_\_\_

# Discussion Questions

*For staff use*

## About the adopter

Who else will interact with the dog on a daily basis? \_\_\_\_\_

\_\_\_\_\_

Adopter currently  Rents  Owns  Lives with family

Landlord's name and phone number (if applicable):

Name \_\_\_\_\_ Phone number \_\_\_\_\_

## Training/behavior issues

- Crate training     House training     Obedience classes  
 Chewing     Digging     Escaping behavior     Barking  
 Assertive play     Dog parks     Cat introduction

## Dog's likely characteristics

- Activity level     Exercise requirements     Breed characteristics     As your dog matures...

## General pet care

- Costs of pet care     Containment/Fencing     Animal ordinances/Licensing

## Additional notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Pending reasons

*Needed*

*Completed*

- |                          |                                |                          |
|--------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> | Visit with _____               | <input type="checkbox"/> |
| <input type="checkbox"/> | Visit with _____               | <input type="checkbox"/> |
| <input type="checkbox"/> | Landlord/Homeowner's insurance | <input type="checkbox"/> |
| <input type="checkbox"/> | Dog introduction               | <input type="checkbox"/> |
| <input type="checkbox"/> | Surgery/medical                | <input type="checkbox"/> |