

# 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				YES
		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 the yard		Loose in the house Confined to one room in the house
		In a crate 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						





# Dog Adopter Survey

We reserve the right to deny any adoption.

Please list animals you have previously cared for and lived with:

Animal's Name	Age	Gender	Type/breed	Spayed/Neutered?	Owned how long?

Do you still live with the above animals?  Yes  No If no, what happened? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

### Training/Behavior Issues

- Crate training
- House training
- Obedience classes
- Barking
- Chewing
- Digging
- Escaping behavior
- 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

\_\_\_\_\_

Pending reasons	Need	Complete	Additional notes
Visit with _____	<input type="radio"/>	<input type="radio"/>	_____
Visit with _____	<input type="radio"/>	<input type="radio"/>	_____
Landlord/Homeowner's insurance	<input type="radio"/>	<input type="radio"/>	_____
Dog introduction	<input type="radio"/>	<input type="radio"/>	_____
Surgery/medical	<input type="radio"/>	<input type="radio"/>	_____