



Dog Adoption Survey

HOLD	
Animal	_____
Day/Time	_____

Contact Information

Name _____ Date _____

Address _____ City, State, Zip _____

Home phone (____) _____ Cell (____) _____ Email _____

Household Information

Do you Own Rent If renting, any pet restrictions? _____

Do you live in House Condo Parents home Apt Complex name: _____

Is there a yard? _____ Is the yard fenced? _____ If yes, how high? _____ What kind? _____

How many people in your household? _____ Ages of children under 18, if any? _____

Current Pets

Type and breed of pet	Age	Gender	Altered?	Kept inside, outside, or both	How long lived with you?

Previous Pets

Type and breed of pet	How long lived with you?	Reason no longer living with you?

My Home Environment

Activity level in my household is Low Medium High

Activity level in my neighborhood is Quiet and rural Somewhat active/Suburban Busy/Urban

On average, my home will be without people _____ hours a day _____ days a week.

When home alone, my dog will be In a crate Confined to a room Yard/Garage Loose in home

My dog will sleep in _____

I can spend _____ hours a day exercising my dog.

My exercise plan for my dog: _____

My training plan for my dog: _____

It's most important to me that my dog _____

When you've completed this survey, please go to the animal viewing area to look for your new companion. If you see someone you like, take the paperwork off his or her kennel, bring it to the front desk and wait for the next available staff member.

This side for staff only

Guardianship topics: Adjustment Introduction Health Cost Insurance Grooming Training
 Classes Exercise Play Socialization Toys Confinement Identification Litterbox

Animal name/#	Counseled by:	Date:
Counsel notes:		
Visit notes:		Plan to adopt?

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Counsel notes:		
Visit notes:		Plan to adopt?

Hold for:	Completed on/by:	Hold notes:
	Visit with:	
	Landlord check	
	Surgery on	
	Pending medical	
	Dog intro	
	Preparation	