DOG ADOPTER SURVEY

DATE: _____ LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ST _____ 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	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 ← *List their 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 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

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FOR STAFF USE:

ADOPTION COUNSELOR:_____

The adopter is interested in adopting:_____ **Animal ID#**_____

❑ Homeowner

❑ Renter (circle one)

HOUSE APARTMENT CONDO DUPLEX MOBILE HOME PARENTS

DISCUSSION TOPICS COVERED:

GENERAL PET CARE

❑ Costs of pet care
❑ Heartworm prevention
❑ Animal ordinances
❑ Containment/fencing
❑ Routine health care

DOG'S LIKELY CHARACTERISTICS

❑ Activity level
❑ Exercise requirements
❑ Breed characteristics

INTRODUCTIONS

❑ Introducing other pets
❑ Dogs and children

TRAINING ISSUES

❑ Crating
❑ Obedience classes
❑ Housetraining

POSSIBLE BEHAVIOR ISSUES

❑ Destructive behavior
❑ Separation anxiety
❑ Fearful behavior
❑ Assertiveness

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