



DOG ADOPTER SURVEY (Please Print)

Last Name _____ Date _____
 Address _____ Date of Birth _____
 Home Phone _____ State _____ Zip _____
 Work Phone _____ City _____
 Cell Phone _____ Email _____

1	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other If renting, Landlord name _____ Phone# _____																																								
2	Residence Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Duplex <input type="checkbox"/> Mobile Home																																								
3	Yard/Outside Area Type: <input type="checkbox"/> Open Yard <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Dog Run <input type="checkbox"/> Tie Out <input type="checkbox"/> Invisible Fence																																								
4	The noise/activity level in my home is usually <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High																																								
5	List members of your household and any other children or significant people your dog will interact with: <table border="1"> <thead> <tr> <th>Name</th> <th>Adult (Y/N) or Child's Age</th> <th>Lives in Household (Y/N)</th> <th>If No, Relationship or Anticipated Interaction</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Adult (Y/N) or Child's Age	Lives in Household (Y/N)	If No, Relationship or Anticipated Interaction	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																
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6	I am adopting this dog/puppy for: <input type="checkbox"/> Myself <input type="checkbox"/> My Children <input type="checkbox"/> My Family <input type="checkbox"/> Friend <input type="checkbox"/> A Relative																																								
7	I have a particular interest in these dog breeds ...																																								
8	I'm interested in a dog this age: <input type="checkbox"/> Under 4 months <input type="checkbox"/> 4-11 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5 years+																																								
9	I have owned a dog before. <input type="checkbox"/> YES <input type="checkbox"/> Currently own dog(s) <input type="checkbox"/> NO																																								
10	The last time I had a dog was <input type="checkbox"/> Within the last year <input type="checkbox"/> 2-10 years ago <input type="checkbox"/> More than 10 years ago																																								
11	List current pets, pets owned in the last 5 years, and any other animals a new pet would need to get along with: <table border="1"> <thead> <tr> <th>Name</th> <th>Species/Breed</th> <th>Age</th> <th>Sex</th> <th>Sterilized (Y/N)</th> <th>Indoor/Outdoor</th> <th>Deceased (Y/N)</th> <th>If No, where living now?</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Species/Breed	Age	Sex	Sterilized (Y/N)	Indoor/Outdoor	Deceased (Y/N)	If No, where living now?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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12	Are your pets up to date on vaccinations? <input type="checkbox"/> NO <input type="checkbox"/> YES																																								
13	List your veterinarian's <u>name</u> , <u>phone number</u> and <u>city</u>																																								
14	My dog will primarily be an: <input type="checkbox"/> Inside dog <input type="checkbox"/> Outside dog																																								
15	How many hours will your dog spend outside per day? _____ hours																																								
16	My dog needs to be able to be alone: <input type="checkbox"/> 2 hours or less per day <input type="checkbox"/> 4 hours or less per day <input type="checkbox"/> 8-10 hours per day <input type="checkbox"/> 12 hours per day																																								
17	When I'm home, I want my dog to be by my side: <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Little of the time																																								
18	When I'm not home, my dog will spend its time: <input type="checkbox"/> In the garage <input type="checkbox"/> In a crate in the house <input type="checkbox"/> In the yard <input type="checkbox"/> Loose in the house <input type="checkbox"/> Confined in one room																																								

Failure to fully answer questions may cause a delay in your adoption process.

19	I want a guard dog. <input type="checkbox"/> NO <input type="checkbox"/> YES
20	I want my dog to hunt or herd with me. <input type="checkbox"/> NO <input type="checkbox"/> YES
21	I want my dog to be the type that is very enthusiastic in the way s/he shows s/he loves people. <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
22	I want my dog to be playful. <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
23	I want my dog to be laid back. <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
24	I am comfortable doing training with my dog to improve manners such as jumping, stealing food, and pulling on a leash. <input type="checkbox"/> No training <input type="checkbox"/> Some training <input type="checkbox"/> A lot of training
25	I want my dog to participate in Agility, Flyball, or Obedience <input type="checkbox"/> NO <input type="checkbox"/> YES
26	I am interested in a dog with "special needs" (medical or behavioral). <input type="checkbox"/> NO <input type="checkbox"/> YES
27	How much do you think you'll spend yearly on dog care? (food, medical care, boarding, toys, etc...) \$_____
28	Is anyone in your family allergic to dogs? <input type="checkbox"/> NO <input type="checkbox"/> YES, who: _____
29	When it comes to dog training and obedience, our household is: <input type="checkbox"/> Easygoing– don't have many rules <input type="checkbox"/> Moderate–follow some rules <input type="checkbox"/> Strict–stick to the rules
30	Bad habits that I can not tolerate are:
31	How will you handle destructive behavior?
32	What will you do with the dog/puppy if you move?
33	Under what circumstances would you return or give away this animal?
	Other Comments:

How did you find, hear or know about HSHV?

- | | |
|--|--|
| <input type="checkbox"/> Adopted before or used other HSHV service | <input type="checkbox"/> Internet-Google or other search |
| <input type="checkbox"/> Referred by friend or family | <input type="checkbox"/> Yellow pages or other advertising |
| <input type="checkbox"/> Am a donor or current/former volunteer | <input type="checkbox"/> Radio or TV |
| <input type="checkbox"/> Live close-by | <input type="checkbox"/> Other |
| <input type="checkbox"/> Internet-Petfinder | |

FOR STAFF USE: **Adoption Counselor:** _____

Interested in adopting

Animal ID#
