

DOG ADOPTER SURVEY

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

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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 15%;">Adult (Y/N) or Child's Age</th> <th style="width: 15%;">Lives in Household (Y/N)</th> <th style="width: 45%;">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> </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	Is anyone in your family allergic to dogs? <input type="checkbox"/> NO <input type="checkbox"/> YES, who: _____																																								
7	I am adopting this dog/puppy for: <input type="checkbox"/> Myself <input type="checkbox"/> My Children <input type="checkbox"/> My Family <input type="checkbox"/> A Friend <input type="checkbox"/> A Relative <input type="checkbox"/> Companion of other animal <input type="checkbox"/> Guard dog <input type="checkbox"/> Hunting dog <input type="checkbox"/> Other _____																																								
8	The dog's primary caregiver will be: _____																																								
10	Have you ever owned a dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grew up with or had as family pet																																								
11	The last time I had a dog was: <input type="checkbox"/> Within the last year <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> More than 5 years ago																																								
12	List any pets owned, alive or deceased, in the last 5 years and any other animals a new pet would need to get along with: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Name</th> <th style="width: 15%;">Species/Breed</th> <th style="width: 5%;">Age</th> <th style="width: 5%;">Sex</th> <th style="width: 10%;">Sterilized (Y/N)</th> <th style="width: 10%;">Deceased Indoor/Outdoor</th> <th style="width: 10%;">(Y/N)</th> <th style="width: 30%;">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)	Deceased Indoor/Outdoor	(Y/N)	If No, where living now?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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13	List your veterinarian's <u>name</u> , <u>phone number</u> and <u>city</u> :																																								
14	How long ago did your current animals last see the vet? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more																																								
15	I'm interested in a dog aged: <input type="checkbox"/> Under 6 months <input type="checkbox"/> 6 months to 2 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more																																								
16	My dog will primarily live: <input type="checkbox"/> Inside <input type="checkbox"/> Outside																																								
17	How many hours will your dog spend outside per day? _____ supervised hours _____ unsupervised hours																																								
18	My dog needs to be able to be alone per day: <input type="checkbox"/> 4 hours or less <input type="checkbox"/> 4 to 6 hours <input type="checkbox"/> 6 to 9 hours <input type="checkbox"/> more than 10 hours																																								
19	When I'm not home, my dog will spend 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 and accurately answer questions may cause a delay in your adoption process.

20	<p>Bad habits that I cannot tolerate are:</p> <p><input type="checkbox"/> Destructively chewing/scratching <input type="checkbox"/> Mouthing/rough play <input type="checkbox"/> Jumping up <input type="checkbox"/> Barking <input type="checkbox"/> Pulling on leash</p> <p><input type="checkbox"/> Stealing food/begging <input type="checkbox"/> Jumping fences <input type="checkbox"/> Playing too rough with other pets <input type="checkbox"/> Other _____</p>
21	<p>I am comfortable doing training with my dog to improve bad habits:</p> <p><input type="checkbox"/> No training <input type="checkbox"/> Some training; please explain _____</p> <p><input type="checkbox"/> A lot of training; please explain _____</p>
22	<p>How will you handle destructive behavior (e.g. chewing, digging, etc.)?</p>
23	<p>I am comfortable houstraining my new dog: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p>
24	<p>The main way I will exercise my dog will be:</p> <p><input type="checkbox"/> Walking <input type="checkbox"/> Running/jogging <input type="checkbox"/> Dog park or play dates <input type="checkbox"/> Hiking or other outdoor activities <input type="checkbox"/> Agility or flyball</p> <p><input type="checkbox"/> Playtime in the yard <input type="checkbox"/> Other _____</p>
25	<p>It is important to me that my dog is social with other dogs: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p>
26	<p>I am capable of adopting a dog with medical or behavioral special needs: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p>
27	<p>How much do you think you'll spend monthly on dog care products? (food, boarding, toys, etc...):</p> <p><input type="checkbox"/> Less than \$25 <input type="checkbox"/> \$25 to \$50 <input type="checkbox"/> \$50 to \$100 <input type="checkbox"/> \$100 to \$200 <input type="checkbox"/> \$200 or more</p>
28	<p>How much do you think you'll spend yearly on veterinary care?</p> <p><input type="checkbox"/> Less than \$50 <input type="checkbox"/> \$50 to \$100 <input type="checkbox"/> \$100 to \$250 <input type="checkbox"/> \$250 to \$500 <input type="checkbox"/> \$500 or more</p>
29	<p>Are you anticipating any changes to your household in the next 6 months? (check all that apply)</p> <p><input type="checkbox"/> Additional pets <input type="checkbox"/> Moving <input type="checkbox"/> Job/schedule change <input type="checkbox"/> Remodeling/redecorating <input type="checkbox"/> Baby/additional children</p> <p><input type="checkbox"/> Roommate changes <input type="checkbox"/> New/departing family member <input type="checkbox"/> Other _____</p>
30	<p>What will you do with the dog if you move?</p>
31	<p>Under what circumstances would you return or give away this animal?</p> <p><input type="checkbox"/> Doesn't get along with kids <input type="checkbox"/> House soiling <input type="checkbox"/> Moving <input type="checkbox"/> Destructive to property <input type="checkbox"/> Aggression/biting/growling</p> <p><input type="checkbox"/> Doesn't get along with other pets <input type="checkbox"/> cats <input type="checkbox"/> dogs <input type="checkbox"/> Other _____</p>

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 | |

Add me to the HSHV email list for the latest news updates, adoption promotions, vet clinic discounts, special events and more!

--- Office Use Only---

Approved: Y N Staff Name: _____ Animal Name/ID: _____