



# Dog Adoption Questionnaire

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## FOR OFFICE USE:

P#: \_\_\_\_\_ ID Check

### Why do I need to provide my personal information before meeting an animal?

We request that any potential adopters fill out initial information before meeting an animal, so that our staff can better serve you and your needs. This information will help us place animals in new homes, and we ask for your cooperation in the exciting process of bringing your new pet to you.

## ABOUT YOU and YOUR HOME

### 1. Please select the appropriate age category for applicant:

Under 18     18-30     31-60     61+

### 2. What best describes your living environment?

House                       Townhome                       Apartment  
 Condo                       No Yard                       Small Yard  
 Large Yard                       Acreage

Do you:                       Own                       Rent

### 3. In your house, number of:

Adults(18+): \_\_\_\_\_

Children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

4. Are there other pets in your household?     Yes     No

#### If Yes - please check the appropriate boxes:

Cat(s)     Dog(s)     Special species

5. Are there any allergies to dogs?                       Yes     No

6. Does anyone in the home smoke?                       Yes     No

### 7. Where will your dog stay during the day?

Loose in the house     Crated inside     Outside  
 Spare room                       Other: \_\_\_\_\_

### 8. What sort of enrichment do you plan to offer your dog?

Dog park                       Agility training                       Runs  
 Clicker Training                       Short walks                       Long walks  
 Other: \_\_\_\_\_

## PET CARE

9. Have you had dogs before?                       Yes     No

Please list ages and breeds here:

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

10. Were you the primary caregiver?                       Yes     No

11. Do you have a veterinarian?                       Yes     No

Name of vet: \_\_\_\_\_

12. How often should your dog see a veterinarian?

\_\_\_\_\_

13. What is the best diet for your dog?

\_\_\_\_\_

14. What methods would you use to train your new dog?

\_\_\_\_\_

\_\_\_\_\_

15. What is your annual budget for medical care of your dog?

\$100-\$500                       \$500-\$1000  
 \$1000-\$1500                       \$1500+

16. What is your annual budget for training of your dog?

\$100-\$500                       \$500-\$1000  
 \$1000-\$1500                       \$1500+

**TELL US WHAT YOU'RE LOOKING FOR IN A DOG:**

- Sex:  Female  Male  No preference
- Age:  Puppy  Young adult  Adult  Senior  No preference
- Size:  Small (5-25lbs)  Medium (25-60lbs)  Large (60-100lbs)  Extra Large (100+)  No preference
- Energy:  Low  Moderate  High  Very High  No preference
- Coat:  Short  Medium  Long  Non-Shedding  No preference

**IT IS VERY IMPORTANT FOR MY DOG TO... (please check all that apply)**

- Be friendly with children  Be friendly with visitors to the house  Be playful
- Be friendly with other dogs  Enjoy being held  Be quiet
- Be friendly with cats  Be calm  Be independent

**WHICH OF THE FOLLOWING WOULD YOU BE WILLING TO WORK ON WITH YOUR NEW DOG?**

- |   |
|---|
| <input type="checkbox"/> House Training                 |
| <input type="checkbox"/> Separation Anxiety             |
| <input type="checkbox"/> Jumping Up and Mouthing        |
| <input type="checkbox"/> Food and/or Toy Possessiveness |
| <input type="checkbox"/> Shy/Fearful Behaviours         |
| <input type="checkbox"/> Aggression                     |
| <input type="checkbox"/> Barking Problems               |
| <input type="checkbox"/> Socialization                  |
| <input type="checkbox"/> Basic Training/Leash Skills    |

How will you address any behavioural challenges should they arise?

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How will you address any medical challenges should they arise?

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In order to keep you informed about important campaigns and to ask for support, we will from time to time telephone, email and send mail to you. If you would like to receive phone calls, emails or mail please check this box

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this questionnaire.  
The information provided will help us to find the best matches to your interests.