** Dog Adoption Survey**

**Contact Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information**

Do you \_\_\_ Own \_\_\_\_ Rent

If renting, any pet restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If renting, landlord contact information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do children regularly visit your home? \_\_\_\_\_\_\_\_\_\_\_

Are you over 18? \_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other adults in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your pets get regular vet check-ups? \_\_\_\_\_\_\_

Are your pets current on vaccines? \_\_\_\_\_\_\_

Do you use flea and tick preventative? \_\_\_\_\_\_\_

**Current Pets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE AND BREED OF PET | AGE | GENDER | ALTERED? (If not, why?) | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would cause you to give up a dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your plan if the dog needed unexpected vet care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:**

Current Veterinarian: Name \_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_

**\*Please let the vet know to authorize us to call and discuss with your vet and ensure your pets are up to date on neuter/spay and vaccines\***

1st Non-Relative Reference:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Non-Relative Reference:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the above application for \_\_\_\_\_\_\_\_\_\_ (pet name) and have filled out this form honestly to the best of my ability and certify the above true and am in agreement with the above.

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