

Dog Adoption Survey



Completion of this survey will help us assist you with finding a companion animal.

Last name (primary adopter):_____ First Name:_____

Last Name:_____ First Name:_____

Address:_____ City:_____ State:___ Zip Code:_____

Phone #'s:_____

Email address:_____ Would you like to be on our mailing list? Yes No

Please list the Animal(s) you are interested in adopting:

Please select the FIVE most important traits you are looking for in a dog:

- | | | |
|-------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Child friendly | <input type="checkbox"/> Jogging/outdoor partner |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Dog friendly | <input type="checkbox"/> Protective |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Cat friendly | <input type="checkbox"/> Housebroken/housetrained |
| <input type="checkbox"/> Mellow | <input type="checkbox"/> Social | <input type="checkbox"/> Specific breed_____ |
| <input type="checkbox"/> Lap dog | <input type="checkbox"/> Outdoor dog | <input type="checkbox"/> Specific size __S __M __L __XL |
| <input type="checkbox"/> Indoor dog | <input type="checkbox"/> Fur __Short __ Medium ___Long | <input type="checkbox"/> Working dog |

Which best describes your animal experience?

I currently have companion animals
(Please list all types of animals currently in your home)_____

I have never had a companion animal of my own

I previously had companion animals of my own

I grew up with companion animals

Would you like additional information on the following

- | | |
|--------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Spaying and neutering | <input type="checkbox"/> Housetraining techniques |
| <input type="checkbox"/> Positive reinforcement and training | <input type="checkbox"/> Nutrition |

Other questions?_____

-----STAFF ONLY-----

Date:_____ #_____ Staff initial:_____

Animal #:_____

Animal #:_____

Animal #:_____