



Dog Adoption Survey

Name (first and last): _____ Date: _____

Primary phone: () - Secondary phone: () -

Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Why type of home do you live in?: Neighborhood Townhome Home with land Mobile home

Apartment Condo Duplex Other: _____

Do you own or rent?: Own Rent How long have you lived in this home?: _____

If renting, please provide the name of the property management or landlord: _____

Phone number: () -

Do you live alone or with others?: Alone Spouse/ partner Roommate(s) Parents Other: _____

I have adopted an animal from Harbor Humane Society in the past: No Yes: _____

I have owned dogs in the past: No Yes

The last time I owned a dog was: Currently own a dog Within the past year Over a year ago

My dog needs to get along with cats and other small animals: No Yes

My dog needs to get along with: Children under 8 years old Elderly people Special needs individuals

My dog must be able to live with another dog: No Yes

My dog will primarily be an: Indoor dog Outdoor dog

When I am NOT home, my dog will stay primarily: In a crate Free in the home Confined to a room

In the garage In an outdoor enclosure Outside on a leash

My dog needs to be alone (per day) for: Less than 4 hours 6-8 hours Over 10 hours

I want a guard dog: No Yes

I want my dog to be able to: Attend doggie daycare Go to the dog park Go for walks through town

Travel with me Go to pet stores Other: _____

I want my dog to be: Active Playful Couch potato Laid-back Independent Very affectionate

Easy to handle Other: _____

I would be willing to change my routine for my dog (ie. Walk my dog at night): No Yes

How much training are you willing to provide?: _____

I am willing to have a trainer come to my home to work with my dog: No Yes

I am willing to take time to housetrain my dog: No Yes

I am interested in adopting a special needs dog (medical or behavioral): No Yes

If so, I am most comfortable working with: _____

I am willing to take on a dog that requires regular grooming: No Yes

The most important relationship my dog will have is with: Me Me and my friends Me and my family
 My children Other animals

It is most important to me that my dog: _____

My plan to exercise my dog is: _____

My plan to help my dog adjust to its new environment is: _____

If behavioral challenges arise, what steps would you take to remedy them?: _____

Please list all animals currently living in the home:

Species	Name	Breed (size)	Age	Sex	Spayed/ Neutered	Indoor/ Outdoor	Time owned

Name of your current veterinarian/ clinic: _____

Phone number: () -

Under whose name are the records kept?: _____

I authorize my veterinarian to release medical records to Harbor Humane Society. _____ (initial)

- Topics I would like to discuss with adoption counselors: Feeding habits and nutrition Grooming and care
 Switching/ finding a veterinarian Microchips and identification Vaccines and preventative care
 Training tips Finding a trainer Crate training/ housetraining Puppy raising
 Appropriate exercise, toys, activities

Other topics I would like to discuss: _____

