

# Dog Adoption Survey

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

Please Print Legibly

Last Name:	First Name:
Address:	City: State:
APT. #	ZIP:
Phone 1: ( )	Phone 2: ( )
Email :	

## TELL US A LITTLE ABOUT YOURSELF

**I am a first time dog owner!**  Yes  No

**I live in a:**  Single-family home  Townhouse or Condo  Apartment

**I currently:**  Own  Rent  Live with family members

**How many people live at home?** \_\_\_\_\_ **How many under 18?** \_\_\_\_\_

**This dog will live with the following people:**

Children (0-5 years)  Children(6-12 years)  Teens (13-18 years)

Other Adults  Senior Citizens  Just me!

**This dog will live with the following pets:**  Dog  Cat  Bird

Small Mammal  None

**Have the pets in your home been spayed or neutered?**  Yes  No

**When did these pets receive their most recent round of vaccinations?** \_\_\_\_\_

**Breed and age of these pets:** \_\_\_\_\_



## TELL US WHAT YOU ARE LOOKING FOR IN YOUR NEW DOG (please check all that apply)

● **When I'm not home, my dog will be:**

- Loose in the house  Crated in the house
- In the garage  Confined to a room inside
- On a chain/tie outside  In a fenced yard
- Loose outside
- Other: \_\_\_\_\_

● **When I am home my dog will be:**

- Inside with me  Crated in the house
- In the garage  Confined to one room
- On a chain/tie outside  Loose outside
- Other: \_\_\_\_\_

● **My dog will be alone during the day for:**

- 4 hours or less  4-8 hours
- 8-10 hours  10+ hours

● **When outdoors, my dog will be:**

- Walked on a leash  In a dog run/pen
- In a fenced yard  On a chain/tie  Free roaming
- Tethered out for bathroom breaks
- Other: \_\_\_\_\_

● **Behaviors/Circumstances you will not tolerate:**

- House training issues  Issues with other pets
- Allergies  Health issues  Destructiveness
- Other: \_\_\_\_\_

● **I would like a dog who is (activity level):**

- A Running Partner  Enjoys daily walks
- Likes to walk a few times per week  Is A Couch Potato

Thank you for choosing Wayside Waifs! We appreciate your support and interest in adopting one of our shelter pets! Our goal is to create the best possible match for each Waif in our care. Signing below indicates that you, as the potential adopter, understand the following: You must be 18 years of age or older, Wayside staff and/or volunteers may suggest a different pet than you have selected, and Wayside staff may turn down an adoption if we feel that placement is not in the best interest of the animal and/or adopter.

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

**FOR WAYSIDE PERSONNEL USE ONLY**

<u>Slumber Pawty Dates</u>	<b>Start:</b>	<b>End:</b>
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Date:	Last Name:	Person ID:	Counselor:
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Animal Name:	Animal ID:	Breed:	Kennel Location:
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If they rent, are they familiar with the pet policy?	Y	N	
Are their pets UTD on vaccinations? S/N?	Y	N	
Have you reviewed all Companion notes/memos?	Y	N	

Why did you choose to adopt this dog?	<input type="checkbox"/>
What do you know about the breed? Grooming/medical needs	<input type="checkbox"/>
What will a typical day be like for this dog? Hours alone?	<input type="checkbox"/>
How will the dog receive daily exercise? Do you have a fence?	<input type="checkbox"/>
Are you familiar with flea/tick/heartworm preventatives? If yes, what brand?	<input type="checkbox"/>
Name of veterinarian?	Needs Suggestion?
Discussed retail items?	Items Needed?

Additional Go Home Information Needed:  Crate Training  Housebreaking  Peace Academy  Confidence College  
 Dog introductions  Cat introductions  Recommend behavior trainers: [trainerswithheart.com](http://trainerswithheart.com) (based on zipcode)

**Meet and Greet/D2D Comments:** **Facilitators:**  
**Dog2Dog Needed**  **Slumber Pawty**

**Adoption Comments:**

Hold #:	Date:	Amount Paid:	Amount Due At Pickup:	Initials:
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