

NAME: LAST _____ FIRST _____ P# _____ ANIMAL NAME _____ A# _____



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|----------------------------|
| DATE: _____ |
| ADOPTION FEE: _____ |
| MICROCHIP / LICENSE: _____ |
| HARNESS: _____ |
| OTHER: _____ |
| TOTAL FEE: _____ |
| METHOD OF PAYMENT: _____ |

DOG ADOPTION SURVEY

Thank you for choosing the Santa Fe Animal Shelter as a trusted source to add a dog to your family. By adopting from a shelter you are giving a homeless dog a second chance at a wonderful life. The following questions will help us match you with a dog that will be a good fit for your lifestyle. Adopting a pet is a personal decision and we hope our suggestions will be helpful in finding a lifelong match between you and your new pet.

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|--|-----------------------------|------------------------------|-----------------------------|
| LAST NAME: | | FIRST NAME: | |
| DOB: | HOME PHONE: | | |
| CELL: | WORK: | | |
| MAILING ADDRESS: | | | |
| CITY: | STATE: | ZIP: | |
| PHYSICAL ADDRESS: | | | |
| CITY: | STATE: | ZIP: | |
| DRIVER'S LICENSE #: | | | |
| EMAIL: | | | |
| I HAVE OWNED A DOG BEFORE: | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DO YOU HAVE OTHER ANIMALS AT HOME? TELL US A LITTLE ABOUT THEM: | | | |
| IF RENTING, HAVE YOU CHECKED YOUR BUILDING'S POLICY RELEVANT TO PET OWNERSHIP? | | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |

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| THE LAST TIME I HAD A DOG WAS HOW MANY YEARS AGO? | | |
| MY DOG NEEDS TO GET ALONG WITH OTHER DOGS: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| MY DOG NEEDS TO GET ALONG WITH: | | |
| <input type="checkbox"/> KIDS | <input type="checkbox"/> ELDERLY PEOPLE | <input type="checkbox"/> CATS |
| MY DOG WILL PRIMARILY BE AN: | | |
| <input type="checkbox"/> INSIDE DOG | <input type="checkbox"/> OUTSIDE DOG | FENCE HEIGHT: |
| MY DOG NEEDS TO BE ABLE TO BE LEFT ALONE FOR _____ HOURS A DAY, _____ DAYS PER WEEK. | | |
| WHEN I'M AT HOME I WANT MY DOG BY MY SIDE: | | |
| <input type="checkbox"/> ALL OF THE TIME | <input type="checkbox"/> SOME OF THE TIME | <input type="checkbox"/> LITTLE OF THE TIME |
| WHEN I'M NOT AT HOME MY DOG WILL SPEND HIS/HER TIME: | | |
| <input type="checkbox"/> IN THE GARAGE | <input type="checkbox"/> IN THE YARD | <input type="checkbox"/> IN A CRATE IN THE HOUSE |
| <input type="checkbox"/> IN ONE ROOM IN THE HOUSE | <input type="checkbox"/> LOOSE IN THE HOUSE | |
| I WANT A GUARD DOG: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF YES, WHAT DOES THAT MEAN TO YOU? | | |
| | | |
| I WANT MY DOG TO HUNT OR HERD WITH ME: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I WANT MY DOG TO BE VERY ENTHUSIASTIC IN THE WAY SHE SHOWS SHE LOVES PEOPLE: | | |
| <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> VERY |
| I WANT MY DOG TO BE PLAYFUL: | | |
| <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> VERY |
| I WANT MY DOG TO BE LAID BACK: | | |
| <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> VERY |
| I'M COMFORTABLE TRAINING MY DOG TO IMPROVE HIS MANNERS: | | |
| <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> VERY |
| I'M INTERESTED IN DOING AGILITY, FLYBALL OR OTHER ACTIVITIES WITH MY DOG: | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| I'M INTERESTED IN HELPING A SPECIAL NEEDS DOG: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I AM PREPARED TO SPEND _____ PER YEAR TO CARE FOR MY DOG. | | |
| PLEASE TELL US THE MOST IMPORTANT THING THAT YOU WANT FROM YOUR DOG. FOR EXAMPLE, "I HAVE TO HAVE A HOUSEBROKEN DOG SINCE I DON'T HAVE TIME TO TRAIN". | | |
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