

Office use only

A#:

Animal:

P#:

First:

Last:

Office use only



**Support Animals
Save Lives
Spread Compassion**

Office Use Only

Date/Staff Initials: _____
 Adoption Fee: \$ _____
 Microchip/License: \$ _____
 Heartworm Preventative: \$ _____
 Fitted Harness: \$ _____
 ID Tag: \$ _____
 Store Sales: \$ _____
 SFAS Merchandise: \$ _____
 Donation: \$ _____
 Total fee: \$ _____
 Method of payment _____

Dog Adoption Survey

| | | | |
|---|--------|-------------------------|--|
| Last Name: | | First Name: | |
| Best Phone #: () | | Other Phone #: () | |
| Mailing Address: | | | Unit #: |
| City: | State: | Zip: | |
| Physical Address: <i>If different from above</i> | | | Unit #: |
| City: | State: | Zip: | |
| ID or License #: | | Birthdate: | |
| e-Mail: | | | Veteran? <input type="radio"/> Y <input type="radio"/> N |

Let us help you find the perfect dog.

Why do you want to adopt a dog? (check all that apply)

- Companionship
 Teach children responsibility
 Go on walks/hikes
 Go to the dog park
 Be a companion for other pets in the home
 Protect me
 Protect my property
 Give as a gift
 Other _____

Size? Small (under 20lbs)
 Medium (21-60lbs)
 Large (61lbs & up)
 Doesn't matter

Age? Puppy (under 6m) - As an adult, have you ever been the primary caregiver of a puppy? Yes No
 Tween (6m-1y)
 Adult (1y-5y)
 Senior (6y-9y)
 Geriatric (10y & up)
 No Age Preference

Gender? (NOTE: all dogs are spayed or neutered before adoption.)

- Male
 Female
 No Preference

Energy level? Athletic/High
 Playful
 Slow and calm
 Couch Potato

Breed family? _____ **NOTE:** We do not DNA-test our animals. Unless the animal was surrendered with registration paperwork, any breed identification is just our best guess, so medical or behavioral characteristics should not be assumed. **DNA test kits are available for purchase** (ask your counselor).

OVER

Tell us about you.

Have you ever been the primary caregiver for a companion animal? Yes No

If yes, how long ago? Currently 1-5y 5-10y 10y or longer

If yes, what kind of animal(s)? Not applicable Dog(s) Cat(s) Other _____

How many pets do you have in your home now? _____ Dogs _____ Cats _____ Other

Have these pets been exposed to and gotten along with dogs?

Yes Mostly, but not all dogs No I don't know

How many people will live with the dog? Seniors (60 and over) _____ Adults (18-59) _____

Teens (13-17) _____ Children (5-12) _____ Young children (2-5) _____ Babies or Toddlers (under 2) _____

What kind of home do you live in? House Condo/apartment Farm/ranch RV

Other: _____

If renting, have you talked with your landlord about bringing a pet into the home? Yes No

Where will your new dog live? Indoors only Indoors with a doggie door Outdoors only

In a garage, barn or out-building

If you plan to let your dog out in a fenced yard, how high is the fence? _____

What kind of exercise will you provide for your dog? *(check all that apply)*

Leashed walks Dog park visits Hikes Playing fetch The dog can run around in the yard

How long will you leave your dog alone in the home? _____ hours a day, _____ days per week.

How comfortable are you with housetraining?

Comfortable and confident I could use some tips I need all the help you can give me

Anything else we should know?

Tell us anything else that might help make your adoption successful (e.g. Have you recently lost a pet? Is it important that your new dog get along with small children?) Include any questions you might have.

Please hand your completed form to an adoption counselor.