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Dog/ Puppy Adopter Survey

Adopting a dog is a serious, long-term commitment. Please complete this survey and return it to the Project Pet Adoption Team. This information will help us find the right dog to join your family!

Name Spouse/ Partner Roommate Name:

Address City State Zip Code

Phone(H) (W) (C)

E-mail

Which is the best number to reach you at? home work cell e-mail

Occupation Employer Work Schedule

Age: Under 21 21 – 30 31 – 40 41 – 50 51 – 60 61 – 70 71 – 80 Over 80

Please list three personal references and their relationship to you: Must be of no relation.

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

How did you hear about Project Pet? (Check everything that applies)

Project Pet website Friend Petfinder.com The State Columbia Star Freetimes Billboard PETS MART

Your veterinarian:

Name Address City State Zip Code

May we call your veterinarian for a reference? Yes No Telephone Number

Please describe the kind of dog you are interested in adopting:

Age Sex Breed/mix Size

I want my dog to be: (please rank on scale)

Very playful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Very laid back
Very loving	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Very reserved
Needs lots of exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Needs little exercise
Very outgoing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Very shy

Why would you like to adopt a dog from Project Pet? Companion Gift To Breed For a Child

As Guard Dog Companion for Another Pet Other

Will it be a working dog? Yes No Will it be a hunting dog? Yes No

Can you commit to care for this dog for its whole life? Yes No

I am willing to adopt a dog with special health or behavioral needs. Yes No

I am comfortable training my dog to improve manners and reduce destructive behavior. Very Some Not at all

If necessary, how will you discipline the animal?

Please provide the following information about your pets (if any), your children (if any) and your home:

Your dogs:

Have you ever adopted from Project Pet? Yes No Type? Dog Cat Where is the pet now?

How many dogs do you have? Breed/mix Ages

How long have you had your current pet?

If none, have you owned any dogs in the last 10 years? Where are they currently?

Did you: buy From breeder? From a store? Adopted from a shelter? Inherited? Rescued Other

Do your dogs have any physical problems? Any behavior problems?

Any dominance problems? Do they get along with other dogs?

Are pets spayed/neutered? Yes No If no, why not?

Are pets on heartworm preventative? Yes No What type:

Your children:

Do you have children? Yes No Number Ages Have they ever been afraid of dogs?

Do any of your children or any other person residing in your home have allergies to pets?

If so, how will you deal with this?

Your cats:

How many cats do you have? Ages Any behavior problems? Do they get along with dogs?

Are any of your cats declawed? Were they declawed at the time you acquired them or did you have it done?

Your home:

Number of adults? Own Rent

Landlord's name Telephone Number

If you rent, do you have written permission from your landlord to have a dog?

Do all adults in household know you wish to adopt? Who will be the primary caregiver of this pet?

Do you live in: apartment duplex townhouse single house mobile home other

Yard size? Fenced? Yes No Type? privacy-all sides chain link-all sides underground Invisible height?

Are there any ordinances or restrictions in your county/community about dogs? Yes No Don't Know

Are you moving? ? Yes No When?

You Project Pet Dog:

How will your dog spend its days? (Check everything that applies)

- Indoors with whole or part house access Crated Basement Garage Open Porch Screened porch
 Sun room Chained Locked in room Fenced yard Loose in unfenced yard Tied Outside
 Kennel Run Outdoor pen Dog House

How will your dog spend its nights? (Check everything that applies)

- Indoors with whole or part house access Crated Basement Garage Open Porch Screened porch
 Sun room Chained Locked in room Fenced yard Loose in unfenced yard Tied Outside
 Kennel Run Outdoor pen Dog House

What will happen to your dog when you have to travel or have an emergency away from your home?(Check everything that applies) Pet sitter Family member will look after Board at kennel Will take with me
 Leave in yard Leave in house

How many hours do you leave your pets alone each day? 2-4 4-6 6-8 8-10 10-12 12-14 14+

How do you plan to house train your dog?

Do you understand that changing a dog's environment may cause the dog to have accidents? Yes No

How will you handle scratching, destruction, and chewing?

Under what circumstances might you consider giving up your pet? (Check everything that applies)

Moving Baby Not Getting Along with Other Pets Behavioral Problems Children Lost Interest
 Too Time Consuming Allergies Separation/Divorce Medical Problems Other

Are you willing to make a 10-15 year commitment for this animal? Yes No

Have you considered the time, effort, and cost associated with a pet? Yes No

How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet?

Are you financially able to provide monthly heartworm prevention for your pet and if so, will you agree to purchase the first 6 months from Project Pet at a discounted price? Yes No

Please provide us with the name of the pet or pets you are interested in: _____

Home visit. I/we agree to allow you to visit my/our home by appointment as part of our application or your follow-up process. Yes No

Application Information. All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly. Yes No

Date:

Signature

Project Pet Representative/Interviewer

Spouse/Partner/Roommate Signature

Approved Yes No If no, why?