

# Dog Adoption Survey

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

Please Print Legibly

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

## TELL US A LITTLE ABOUT YOURSELF

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

**I currently:**  Own  Rent  Live at a relative's/friend's home

**Landlord's Name and Number:** \_\_\_\_\_

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

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

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

Other Adults  Senior Citizens  Just me!

**This dog will live with the following pets:**  Dog  Cat  Bird  Small Mammal  N/A

**Have the pets specified above been spayed and/or neutered?**  Yes  No

**When did these pets receive their most recent round/s 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**

Date:	Last Name:	Person ID:	Counselor:
Animal Name:	Animal ID:	Breed:	M / F

Has landlord approval been received?	Y	N	
Are their pets UTD on vaccinations? S/N?	Y	N	N / A
Have you reviewed all memos with adopter?	Y	N	

Why did you choose to adopt this dog?	
What do you know about the breed?	
What will a typical day be like for this dog?	
How will the dog receive daily exercise and/or stimulation?	
What brand of flea, heartworm, tick preventative do you use?	

Name of veterinarian?	Needs Suggestion		
Discussed retail items?	Y	N	
Given obedience/training class information?	Y	N	

Meet and Greet Notes	Facilitator:
Additional Information Needed: <input type="checkbox"/> Crate Training <input type="checkbox"/> Housebreaking <input type="checkbox"/> Puppy Behavior <input type="checkbox"/> Breed <input type="checkbox"/> Peace Academy <input type="checkbox"/> Confidence College <input type="checkbox"/> Exercise/Stimulation <input type="checkbox"/> Containment <input type="checkbox"/> Dog introductions <input type="checkbox"/> Cat introductions <input type="checkbox"/> Obedience	
Meet and Greet Comments:	

Dog to Dog Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Facilitator:
D2D Notes:	

Adoption Comments:

Approved:	Denied/Cancelled: Date:	Discharge Date:	Amount Paid:	Amount Due At Pickup:
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