

Dog Adoption Survey



Seattle Animal Shelter
2061 15th Avenue West
Seattle, WA 98119
206.386.PETS (7387)

Name _____ Email _____

Address _____ City _____ Zip _____

Primary Phone _____ Alternate Phone _____

Name and number of the dog that you are interested in (if applicable): _____

YOUR HOUSEHOLD

Do you currently: Rent Own Other _____

Does your housing have any restrictions related to dogs? Yes No If yes, please describe: _____

Do you have a fenced yard? Yes No

My home is: Calm Moderately active Lively and noisy

How many adults live in your household? _____ How many children? _____ Ages of children _____

Who will be primarily responsible for the care of this dog? _____

Please list all the pets you currently have, or have had:

Species	Breed	Age	Sex	Spayed/ Neutered?	Owned how long?	What happened?
			M F	Y N		
			M F	Y N		
			M F	Y N		
			M F	Y N		

If you have other pets, are their vaccinations current? Yes No Are they currently licensed? Yes No

DOG CARE & CONSIDERATIONS

Will this dog be a gift? Yes No If yes, for whom? _____

Where will the dog be kept when no one is home? _____ At night? _____

Under what circumstances would you not keep this dog? _____

How long will the dog be alone: Less than 6 hours a day 6 - 9 hours a day More than 9 hours a day

Bad dog habits that I can't tolerate are: _____

Describe your experience and interest in dog training: _____

Continue on next page →

YOUR IDEAL DOG

Please rate the following:

	Not Important	Neutral	Very Important
Mellow companion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuddly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with guests in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good with kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with other dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with small animals (e.g. cats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active (e.g. hiking, jogging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is appropriate for the dog park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May guard my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May excel in dog sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couch Potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is true and correct to the best of my knowledge. I acknowledge that any falsifications can result in my being denied adoption, or, if adoption has occurred, the return of that animal to the shelter.

Signature _____ Date _____

Note: Typing your name in the signature box constitutes a signature.

FOR SHELTER USE:

Application Reviewed by _____ Date _____

Adoption Screening Performed by _____

Date of adoption: _____ Dog's name: _____ ID #: _____

Staff initials, if applicable:

_____ Medical conditions & medications _____

_____ Special diet _____

_____ First days in new home _____

_____ Introduction to other pets _____

_____ Behavior concerns _____

Other _____