

DOG ADOPTION SURVEY

FIRST NAME:

LAST NAME:

DATE:

ADDRESS:

APT #:

CITY:

STATE:

ZIP:

PRIMARY PHONE:

SECONDARY PHONE:

EMAIL ADDRESS:

1	I have owned dogs before:	Yes	No	Currently own dogs	
2	The last time I had a dog was:	2-10 years ago	10+ years ago	Not currently, but within the past year	
3	My dog needs to get along with other dogs:	No	Yes	If yes, list name, age, gender and breed:	
4	My dog needs to be good with (circle all that apply):	Children over 8 years	Children under 8 years	Elderly people	Cats Other pet species
5	My dog will primarily be an:	Inside dog	Outside dog		
6	How many hours will your dog spend outside per day?	_____ hours			
7	My dog needs to be able to be alone (per day):	Less than 4	4-8 hours	8-10 hours	10+ hours
8	When I'm not at home, my dog will spend its time:	In a crate in the house	In the garage	In the yard	Loose in the house
9	When I am home, I want my dog to be by my side:	Rarely	Some of the time	Most of the time	
10	I want a guard dog:	No			Yes
11	I want my dog to hunt or herd with me:	No			Yes
12	I want my dog to be enthusiastic in the way it shows love towards people:	Not at all	Somewhat	Very	
13	I want my dog to be playful:	Not at all	Somewhat	Very	
14	I want my dog to be laid back:	Very	Somewhat	Not at all	
15	I am comfortable doing some training with my dog to improve manners such as jumping, stealing food or pulling on leash:	No training	Some training	A lot of training	
16	I (or my children) want to participate in agility, flyball or obedience with our dog:	No			Yes
17	I am interested in a dog with special needs (medical or behavioral):	No			Yes
18	It is most important that my dog: _____				

FOR ARLGP STAFF: DOG ADOPTION CHECKLIST

COUNSELOR DISCUSSION CHECKLIST:

- Check folder for restrictions, adoption fee, background and discussion points
- Adjustment period
- House training
- Pet introductions and safety
- Crate training, baby gates, loose in home
- Dog and children safety
- Landlord/homeowner approval
- Basic training and positive reinforcement
- Leash training/walking equipment
- Medical background discussed:
 - Medical history
 - Re-vacc dates
 - Medications
 - Post-op instructions
 - URI and kennel cough
- Go over any releases, get signatures
- Cost of pet care and vet recommendations
- Questions?

OUTCOME CHECKLIST:

- Valid picture ID
- PetPoint check
 - Verify addresses and update if necessary if adopter is already in PetPoint
- Execute outcome in PetPoint:
 - Adoption contract
 - Rabies vaccination certificate
 - Vet voucher
- Microchip discussion – if chipping:
 - Enter chip number into database. Make adopter aware that registration happens automatically in our system, suggest they contact 24 Hour Pet Watch in a few days.
- Issue 10-day temporary license to all dogs over 6 months of age
- Take payment
- Make receipt
- Provide adopter with copies of paperwork
- Compile ARLGP copies of paperwork and file

ADOPTION COUNSELOR:

DATE:

ADDITIONAL NOTES: