

First Name:	Last Name:	Date:	
Address:	City:	Prov:	Postal:
Home Phone:	Work Phone:	Email:	

Dog's Name:	Animal ID#:		Breed:		
1. I have owned a dog before.	YES	NO			Currently own dog(s)
2. The last time I had a dog was...	2-10 yrs ago	10 yrs +			Not currently but within the past year
3. My dog needs to get along with other dogs.	No If yes, list names, ages, genders and breeds: _____				YES
4. My dog needs to be good with: (circle all the apply)	Children over 8 yrs old	Children under 8 yrs old	Elderly People		Cats Animals other than dogs or cats
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 for...	4 hours or less	8-10 hours 4-8 hours	2 hours or less		12 hours
8. When I'm at home, I want my dog to be at my side...		All of the time	Some of the time	Little of the time	
9. When I'm not at home, my dog will spend his/her time...	In the garage In a crate in the house		In the yard		Loose in the house Confined to one room in the house
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 the type that is very enthusiastic in the way she shows she loves 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, and pulling on the 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, behaviour)			NO	YES	
18. It's important to me that my dog					