



Thank you for visiting the Stratford-Perth Humane Society and choosing to save a life! Please help us find a great canine match for you by filing out this adoption survey. We are excited to help you pick your new family member!

## Dog Adoption Survey

### Adopter Information:

|                   |                      |
|-------------------|----------------------|
| Name: _____       | Partner's Name _____ |
| Address: _____    | Apt # _____          |
| City: _____       | Postal: _____        |
| Email: _____      |                      |
| Home phone: _____ | Cell phone: _____    |
| Work Phone: _____ | Extension: _____     |

### Animal Information: *(Office Use only)*

|                    |              |
|--------------------|--------------|
| Animal Name: _____ | Breed: _____ |
| ID # _____         |              |

### 1. What best describes your dog experience?

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> I've never had a dog | <input type="checkbox"/> I had a dog 1+ years ago | <input type="checkbox"/> I had a dog within the last year | <input type="checkbox"/> I currently have a dog |
|---|---|---|---|

### 2. I would best describe my household as:

|   |  |  |
|---|--|--|
| <input type="checkbox"/> A place with constant activity and noise | <input type="checkbox"/> Sometimes noisy/quiet | <input type="checkbox"/> Quiet and calm most of the time |
|---|--|--|

### 3. My dog must get along with: *(Check all that apply)*

|                               |  |  |  |
|-------------------------------|--|--|--|
| <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs (List breed below)<br>_____<br>_____ | <input type="checkbox"/> Kids (List ages below)<br>_____ | <input type="checkbox"/> Other (List below)<br>_____ |
|-------------------------------|--|--|--|

### 4. When I am **not** at home, my dog will be:

|  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> In the garage | <input type="checkbox"/> Outside or in the yard | <input type="checkbox"/> In a crate in the house | <input type="checkbox"/> Confined to one room | <input type="checkbox"/> Loose in house |
|--|---|--|---|---|

### 5. When I am at home, my dog will be:

|  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> In the garage | <input type="checkbox"/> Outside or in the yard | <input type="checkbox"/> In a crate in the house | <input type="checkbox"/> Confined to one room | <input type="checkbox"/> Loose in house |
|--|---|--|---|---|

**More on reverse:**

## Dog Adoption Survey (Con't)

6. I want a dog who: *(Check one per box)*

|  |  |  |
|--|--|--|
| <b>Interacts with houseguests:</b><br><input type="checkbox"/> All the time<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Not Important      | <b>Can be alone:</b><br><input type="checkbox"/> More than 9 hours per day<br><input type="checkbox"/> 4-8 hours per day<br><input type="checkbox"/> Less than 4 hours per day | <b>Likes to be by my side:</b><br><input type="checkbox"/> All the time<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Not Important   |
| <b>Enjoys being held:</b><br><input type="checkbox"/> All the time<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Not important        | <b>Enjoys being with children:</b><br><input type="checkbox"/> All the time<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Not important             | <b>Is playful and active:</b><br><input type="checkbox"/> All of the time<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Not important   |
| <b>Is vocal or talkative:</b><br><input type="checkbox"/> All of the time<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Not important | <b>Can adjust to new situations</b><br><input type="checkbox"/> All of the time<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Not important         | <input type="checkbox"/> Has no training<br><input type="checkbox"/> Has had some basic training<br><input type="checkbox"/> Had had a lot of training<br><input type="checkbox"/> Has special needs (behaviour/<br>medical needs) |

7. It is important that my dog is: \_\_\_\_\_

8. I have training experience with: *(Check all that apply)*

|   |  |   |
|---|--|---|
| <b>Puppies:</b><br><input type="checkbox"/> Socialization classes<br><input type="checkbox"/> Obedience<br><input type="checkbox"/> Housetraining | <b>Adults:</b><br><input type="checkbox"/> Socialization classes<br><input type="checkbox"/> Obedience<br><input type="checkbox"/> Housetraining | <b>Other:</b><br><input type="checkbox"/> Resource guarding<br><input type="checkbox"/> Loose leash walking<br><input type="checkbox"/> Undesirable behaviours with other |
|---|--|---|

8. My outings include: *(Check one per box)*

|  |   |  |   |
|--|---|--|---|
| <b>Travel more than 2 hours away:</b><br><input type="checkbox"/> Once a year<br><input type="checkbox"/> More than once a year<br><input type="checkbox"/> Not very often | <b>Hiking:</b><br><input type="checkbox"/> Once a year<br><input type="checkbox"/> More than once a year<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> Never | <b>Camping:</b><br><input type="checkbox"/> Once a year<br><input type="checkbox"/> More than once a year<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> Never | <b>My dog will be alone for _____ hours per day</b> |
|--|---|--|---|

I acknowledge that:

- I am financially able to provide veterinary care, proper nutrition and any training this dog may need
- I have the time to provide training and enrichment for this dog

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**SPHS Staff/Vol Signature**

\_\_\_\_\_  
**Date**