

## Dog Adoption Survey

Are you interested in a particular dog/puppy?

If yes, which one?

<b>Applicant/Co-Applicant Information</b>		
Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:
Children: <input type="checkbox"/> Yes <input type="checkbox"/> No      Ages (if applicable):		
Address:		
City:	County:	Post Code:
Home Phone:	Mobile:	
Email Address:		
How were you referred to Help Us Help Them?		
<b>Family/Household Information</b>		
Why would you like to adopt an animal from us? (Check all that apply)		
<input type="checkbox"/> Companion for self	<input type="checkbox"/> Gift	
<input type="checkbox"/> Companion for child	<input type="checkbox"/> Companion for another household member	
<input type="checkbox"/> Companion for another pet		
<b>References</b>		
Please list two references. (Please do not include family members)		
Last Name:	First Name:	Phone:
Last Name:	First Name:	Phone:

Once you have completed the survey, please e-mail it to [mhealey@allcomm.co.uk](mailto:mhealey@allcomm.co.uk) or fax it to 08458 506107 - you will then be contacted regarding next steps.

# Meet Your Match

For each question below, please circle or place an X next to your selection(s).  
Please note that there are no wrong answers – this is simply used as a match-making tool.

Applicant Name(s): \_\_\_\_\_

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

1.	I have owned a dog before:	YES	NO			Currently own dog(s)
2.	The last time I had a dog was...	2-10 years ago	More than 10 years ago			Not currently, but within the last year
3.	My dog needs to get along with other dogs	NO				YES <- List their names, ages, genders, and breeds
4.	My dog needs to be good with	Children over 8 years old	Children under 8 years old	Elderly People		Cats  Animals other than dogs or cats
5.	My dog will be primary an...	Inside dog	Outside dog			
6.	How many hours will your dog spend outside per day?					
7.	My dog needs to be able to be alone...	4 hours or less per day	8-10 hours per day		2 hours or less per day	12 hours per day
8.	When I'm at home, I want my dog to be by my side...		All the time	Some of the time	Little of the time	
9.	When I'm not at home, my dog will spend its time...	In the garage	In the garden		Loose in the house	Confined to one room
10.	I want a guard dog:	NO	YES			
11.	I want my dog to be the type that is very enthusiastic in the way s/he shows s/he loves people:		Not at all	Somewhat	Very	
12.	I want my dog to be playful:		Not at all	Somewhat	Very	
13.	I want my dog to be laid back:		Very	Somewhat	Not at all	
14.	I am interested in a dog with "special needs" (medical or behavioral).		NO		YES	
15.	How much do you think you'll spend yearly for the care of your dog? (Food, medical care, boarding, toys, etc.)					
	<b>FOR OFFICE USE ONLY:</b>	N:	M:	L:	K:	D:1-2-3-4-5-6 7-9-10-11-18