



Thank you for visiting the Kitchener-Waterloo Humane Society and choosing to save a life! Please help us find a great canine match for you by filling 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
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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
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3. My dog must get along with: *(Check all that apply)*

<input type="checkbox"/> Cats	<input type="checkbox"/> Dogs (List breed below) _____ _____	<input type="checkbox"/> Kids (List ages below) _____	<input type="checkbox"/> Other (List below) _____
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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
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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
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More on reverse:

Dog Adoption Survey (Con't)

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

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

7. It is important that my dog is: _____

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

Puppies: <input type="checkbox"/> Socialization classes <input type="checkbox"/> Obedience <input type="checkbox"/> Housetraining <input type="checkbox"/> None	Adults: <input type="checkbox"/> Socialization classes <input type="checkbox"/> Obedience <input type="checkbox"/> Housetraining <input type="checkbox"/> None	Other: <input type="checkbox"/> Resource guarding <input type="checkbox"/> Loose leash walking <input type="checkbox"/> Undesirable behaviours with other animals
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8. My outings include: *(Check one per box)*

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

KWHS Staff/Vol Signature

Date