

DOG ADOPTION SURVEY

Please fill out the following survey to help us find the best match for you!

In order to be considered for an adoption you must have the following:

- You must be 18 years of age
- The knowledge and the consent of all adults living in your household
- Be able to provide a valid piece of identification with your current address
- Provide the name and phone number of your landlord/superintendent/management company in a condo or rental situation

Applicant Name:	Spouse/Partner Name:
Address:	Apartment or Unit Number:
City:	Postal Code:
Home Phone Number:	Work Number:
Cell Phone Number:	Email:
Spouse/Partner Phone Number:	
How long have you lived at your current address?	

Emergency Contact :

Please list an emergency contact **who does not live at your address** (preferably a relative) who would be included in your new pets records, including their microchip:

Name:	Relationship to Applicant:
Home Phone Number:	Alternate Phone Number:

By signing below:

- I certify that the information I give on this survey is true and complete and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet.
- I understand that the Oakville & Milton Humane Society has the right to deny my request to adopt an animal.
- I authorize investigation of all statements contained in this survey.
- I understand that this survey is the property of the Oakville & Milton Humane Society.

Signature: _____ Date: _____

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Dog Name: _____	SB#/Location: _____
Date/Time Submitted: _____	
Adoption Meeting Date/Time: _____	
Drivers Licence: _____	<input type="checkbox"/> Confirmed address <input type="checkbox"/> SB

Please list names, ages, relationships and occupations of all members of the household:

First & Last Name	Age	Relationship to Applicant	Occupation
		APPLICANT	<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____

What type of dwelling do you currently live in?

House Semi-detached house Condo (Floor:) Townhouse
 Condo Townhouse Apartment (Floor:) Other: _____

Living Situation: Own Rent Lives with parents

Do you have a landlord, superintendent or management company? Yes No

Name: _____ Phone Number: _____

If you have a yard, is it fully fenced? Yes No

How high is the fence and what material is it made of? _____

Please list current and previous pets, including pets no longer with you (please circle):

Name of pet	Breed/Type	Age	Sex	Neutered or Spayed		Declawed		Indoor or Outdoor	Where is the Pet Now?			This Pet is/was:		
				Yes	No	Yes	No		In	Deceased	Missing		Gave Away	Other: _____
			M F	Yes	No	Yes	No	In Out Both	Still own	Deceased	Missing	Gave Away	Other: _____	My pet A childhood pet An ex-partners pet Other: _____
			M F	Yes	No	Yes	No	In Out Both	Still own	Deceased	Missing	Gave Away	Other: _____	My pet A childhood pet An ex-partners pet Other: _____
			M F	Yes	No	Yes	No	In Out Both	Still own	Deceased	Missing	Gave Away	Other: _____	My pet A childhood pet An ex-partners pet Other: _____
			M F	Yes	No	Yes	No	In Out Both	Still own	Deceased	Missing	Gave Away	Other: _____	My pet A childhood pet An ex-partners pet Other: _____
			M F	Yes	No	Yes	No	In Out Both	Still own	Deceased	Missing	Gave Away	Other: _____	My pet A childhood pet An ex-partners pet Other: _____

Matchmaking Survey
(Please check all that apply)

1. It is important to me that my new dog gets along well with:

- Children Visitors Everyone they meet
 Dogs Cats Small animals (birds, rabbits, etc)
Other: _____

2. I would like to adopt a dog:

- As a family companion As a companion to my pet As a gift
 For guarding/protection For hunting As a service/therapy dog
Other: _____

3. In regards to shedding, it is important to me that my new dog:

- Is hypoallergenic (someone has allergies) Does not require professional grooming
 Low shedding Not applicable (shedding is not a concern)

4. I want to spend time with/exercise my new dog in the following ways:

- Hiking Jogging Playing in yard Dog park
 Off leash Short walks Dog day care Hired dog walker
 Fetch Dog friends Camping Cottage trips
 At work Other: _____

5. I am looking for a dog that:

- Is very active! (Requires 2 or more hours of exercise per day)
 Active when I am
 Is happy with one or two walks per day
 Is a couch potato

6. What would your daily routine be with your new dog? _____

7. Where will your new dog stay when you are at home?

- Outdoors In an outdoor run/pen On a tie out
 In the garage Confined in a room in the house Free access to the house
 In a crate Basement Other: _____

8. Where will your new dog stay when you are NOT at home?

- Outdoors In an outdoor run/pen On a tie out
 In the garage Confined in a room in the house Free access to the house
 In a crate Basement Other: _____

9. My new dog will be left alone up to _____ hours per day.

10. If your dog barks at other dogs while on leash, I feel most comfortable acting in the following way(s) (check all that apply):

- Tell him to cut it out and continue the walk.
- Pull up on the leash to tell him you don't like the behaviour.
- Tell the person with the dog to leave.
- Ask him to refocus on you using treats
- Tell the dog 'it's okay' and pat to reassure him.
- Walk up to the other dog so they can meet.
- Get him to lie down to remind him who is the leader.
- Exercise in my backyard so we don't meet any other dogs.
- Walk away from the other dog.
- Get in touch with a trainer.

11. If your dog pulls on leash, how would you train him to stop? _____

12. Please list any training schools or trainers you have used. Please include any books or other sources of training information you have referenced (if applicable): _____

13. I want to take my new dog to training classes: Yes No

14. When it comes to training my new dog:

- I want a dog that will require very little training on my part.
- I am comfortable having to teach them basics: housetraining, walking nicely on leash, etc.
- I am comfortable with a dog that will require ongoing training from the start to modify more difficult behaviours (i.e. resource guarding, separation anxiety, reactivity to other dogs, etc.)
- I am excited to do advanced training (i.e. Agility, flyball, rally obedience).

15. I am NOT willing to work with the following challenging behaviours (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Excessive barking | <input type="checkbox"/> Destructive digging/chewing |
| <input type="checkbox"/> Guarding food/toys | <input type="checkbox"/> Chasing cars | <input type="checkbox"/> Barking/lunging towards other dogs |
| <input type="checkbox"/> House soiling | <input type="checkbox"/> Frightened/Scared | <input type="checkbox"/> Jumping on people/furniture |
| <input type="checkbox"/> Escaping backyard | <input type="checkbox"/> Grabbing clothes/limbs | <input type="checkbox"/> Not coming when called |
| <input type="checkbox"/> I am comfortable working with any of the above | | Other: _____ |

16. What makes this dog a good match for you?

17. What are the breed-specific needs of the dog you applied for? _____

18. Please list the name(s) of the veterinary clinic(s) your pets have seen for the duration of their lives: _____

19. When were your current pets last vaccinated (month, year)? _____

20. In order to feed, vaccinate and provide medical care for my new dog, I am prepared to spend per year:

- \$0-\$500 \$500-\$1000 \$1000-\$1500 Over \$1500

21. How often do you plan to take your new dog to the vet?

- When sick Annually or more often Not sure
- Once every couple of years Other: _____

22. Understanding that all dogs may have unexpected medical needs, I am prepared to adopt a dog with:

- No current health issues
- A veterinarian prescribed food (obesity, allergies, etc.)
- An ongoing medical condition (hearing impaired, irritable bowel disease, etc.)
- Ongoing medication (eye drops, pills, etc)

23. What would cause you to return this dog? _____

24. If you have had to give up a pet, please explain the circumstances: _____

25. If I move, I will:

- Take the dog with me Find the dog a new home
- Give to a family member Surrender to an Animal Shelter

26. Please feel free to provide any additional information regarding your adoption:

27. Is there anything you would like more information on? _____

FOR OFFICE USE ONLY :



445 Cornwall Road
Oakville, Ontario
L6J 7S8
Tel: (905) 845-1551
Fax: (905) 845-1973

Veterinarian Release Form

I authorize the Oakville & Milton Humane Society to contact my veterinarian and have access to any records held by that office with regard to any animals I presently own or have owned in the past.

Name: _____
(Please Print)

Signature: _____ Date: _____

Office Use Only

Vet Clinic: _____
Phone: _____ Fax: _____

Pets Names: _____ Breeds: _____

