

Pets Lifeline Adopter Survey – Canine

Date: _____

Dog: _____

Name(s) _____		Driver's License # _____	
Home Address _____		City _____	State _____ Zip _____
Phone(s) () - _____	H () - _____	W () - _____	Cell _____
Email: _____			
Number of people in home: _____	Adults: _____	Are you over 18? <input type="checkbox"/> yes <input type="checkbox"/> no	
Children (# and ages) _____		Do you have any children that visit the household regularly? _____	
Is everyone in agreement about getting this particular animal? _____		How often? _____	
If not, please explain: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your housing? _____		How long at this address? _____	
<input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Military			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent (Landlord's Name/Ph #: () -) _____			

YOU AND YOUR HOUSEHOLD

Dog Experience: First Time Owner Have had 1 or 2 Knowledgeable and Experienced

Household Activity Level: Quiet Active Very Active

Time Away from Home: Home all day Away 2-4 hrs/day Away 4-7 hrs/day Away 8+ hrs/day

Is there employment in the family? Yes No If yes, where/occupation? _____

Reason(s) for wanting a dog?
 Companion (for Child Family Other Person) Gift Security Watchdog

Any pet allergies in the family? No Yes

Who will primarily be responsible for the dog's care? _____

What options do you have if you could no longer keep this pet? _____

PREFERENCES FOR A PET

Breed(s): _____ Size: 2-9 lbs 10-24 lbs 25-50 lbs 51+ lbs No Preference

Coat: Short Medium Long No Preference Sex: Male Female No Preference

Age: 8-16 wks 4-12 mos 1-3 yrs Older: _____ No Preference

The dog needs to be Calm Active No Shedding Good with Dogs Good with Cats
 Housebroken Obedience Trained Good with Children Quiet

CARE AND HOUSING OF PET

Where will your dog be kept during: The day _____ At night _____

How will you keep your dog confined to your property? In house Supervision Garage
 Chained Fenced yard (height: ___ material: _____) Kennel (height: ___ Size: _____)

How much/what type of exercise will you provide? _____

How do you plan to train the dog?
 Do it myself Group class Private trainer Want dog already trained

Who is your veterinarian? _____ When/what was your last vet visit? _____

PETS CURRENTLY IN YOUR HOUSEHOLD

Name	Breed	Age	Sex - S/N?	Kept in day?	Kept at night?	Time owned

PETS FORMERLY IN YOUR HOUSEHOLD (5 YEAR HISTORY)

Breed	Age	Sex - S/N?	Kept in day?	Kept at night?	Time owned	What happened to pet?

Have you ever brought an animal to a shelter? No Yes

If yes, what were the circumstances? _____

I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I GIVE PLL MY PERMISSION TO VERIFY ANY INFORMATION PROVIDED ON THIS SURVEY.

Adopter's Signature

Co-applicant's signature

FOR STAFF USE ONLY						
PLL Employee Reviewing:	Date:	Approved?	Denied?			
Reason for denial:						
Approval Pending: _____						
Landlord/Parent Approval (date) _____			Applicant informed: _____			
Comments:						
Dog has: <input type="checkbox"/> Temp Test <input type="checkbox"/> Met other dog(s) <input type="checkbox"/> Met all family members <input type="checkbox"/> Other _____						
Family: <input type="checkbox"/> Talked w/trainer <input type="checkbox"/> Home visit <input type="checkbox"/> Signed up for training class _____						
Other concerns:						