

Dog Adopter Survey



Thank you for choosing to adopt from OCHS today!
Please complete the profile below to help our staff find the perfect fit for you.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Drivers' License #: _____

Do you own rent*

* Make sure you've talked with your landlord about bringing a dog home before you adopt today. Some landlords have breed/size restrictions or limits on how many pets you can have.

Ages of children in home: _____

Existing pets in the home (leave blank if none):

Cat(s) Small dog(s) Large dog(s)

Other: _____

Your existing pets live:

Inside Outside Indoor/outdoor

While you are *not* home, your new dog will be:

Inside Outside Indoor/outdoor

How much time do you spend away from home, on average?

Home all day 4 - 7 hours 8 - 12 hours

What are you looking for in a dog?

- | | |
|--|---|
| <input type="checkbox"/> Couch potato | <input type="checkbox"/> Cuddle buddy |
| <input type="checkbox"/> Running partner | <input type="checkbox"/> Hiking partner |
| <input type="checkbox"/> New best friend | <input type="checkbox"/> Travel companion |
| <input type="checkbox"/> Home guardian | <input type="checkbox"/> Social butterfly |
| <input type="checkbox"/> Good with kids | <input type="checkbox"/> Gentle |
| <input type="checkbox"/> Cat friendly | <input type="checkbox"/> Dog friendly |
| <input type="checkbox"/> Working animal | <input type="checkbox"/> Housetrained |

My current veterinarian, or the vet I plan on using, is:

 I don't have a vet and would like recommendations.

My dog's nails will be maintained by:

I will trim the nails

A groomer I don't know

My dog will be around children:

Often/daily Sometimes

Rarely Never

What experience do you have with pet ownership?:

First time pet owner Had childhood pets
 Experienced/current pet owner

Please check any topics you would like to discuss or need information on:

- | | |
|--|--|
| <input type="checkbox"/> Feeding this pet | <input type="checkbox"/> Exercise/toys |
| <input type="checkbox"/> Microchips/ID | <input type="checkbox"/> Finding a trainer |
| <input type="checkbox"/> Introducing a new pet | <input type="checkbox"/> Vaccines |
| <input type="checkbox"/> Finding a vet | <input type="checkbox"/> House training |
| <input type="checkbox"/> Puppy-proofing | <input type="checkbox"/> Other: |

Additional Information (optional): _____

Oregon Coast Humane Society reserves the right to refuse an adoption to any person for any reason.

I certify that the above information is true. I also understand that giving false information is grounds for denial of adoption.
This profile remains the property of Oregon Coast Humane Society.

Signature: _____ Date: _____

For office use only.

Animal Name:	Animal ID:
Microchip #:	Breed/Color, Age:

Points Discussed: <i>(add notes on specific points)</i>	Staff Initials
Behaviors observed in shelter	
Medical information	
Included with adoption (vaccines, microchip, flea control, dewormer, food, etc)	
Introducing to your home	
Meeting new people/children/dogs/cats	
Change in behavior post-adoption	
Importance of routine veterinary care, when next vaccines are due, vet referral	
Shelter resources: behavior advice, return policy, training references	
<u>Additional Staff Notes (if denied adoption, explain why):</u> 	

Approved by: _____ Denied by: _____
print name print name