Please Print		Ac	iopti	on Ap	plic	catic	on for a	a D	og				
NAME (First, Middle, Last)			MAII	MAIDEN NAME DATE OF BII			ΓE OF BIRT	H HOME PHO		PHON	IE _	WORK F	PHONE
ADDRESS (Physical address) Street				Town				Zip code SF			SPOUSE/ PARTNER(S) NAME		
(mailing address if different		HOW LONG AT PRIOR A CURRENT ADDRESS?				ADDRESS							
DO YOU RENT: APT HOUSE CONDO (please circle) DO YOU OWN: HOUSE CONDO DUBLEX								DORM NA			AME OF LANDLORD & PHONE #		
ARE YOU: (please */) WORKINGAT RETIRED I		HOOL		ER'S NAME		LOYEF	R'S NAME	PHONE NUMBER PHONE NUMBER				•	
PLEASE LIST A	LL THE PET	S THAT	YOU	CURRENT	LYO	WN (OR HAVE	OWN	ED IN	THE	LAST FI	VE YEAR	S
NAME BREED/TYPE AGE		SEX	SEX SPAYED NEUTER		STILL OWN	KEPT WHER			NO, WHAT HAPPENED TO THIS PET			O THIS PET	
NAME OF YOUR VET	CLINIC:				WH.	AT NAI	 ME ARE THE	VET R	 RECORDS	S UNDI	ER?		
TOWN	PHONE#		НА	VE YOU EVI	ER BRO	OUGHT	'AN ANIMAI	L TO A	NIMAL S	SHELT	ER	YES	NO WHY?
HOW WOULD YOU HANDLE THE FOLLOWING: Where would you keep your dog during the day, at night, or when you're not home: (please) house fenced yard runner invisible fence garage								PLEASE CHECK ANY AREA YOU WOULD LIKE DISCUSSED WITH AN ADOPTION COUNSELOR: (please ✓)					
What would you do with your dog if you have to MOVE?							 What to feed your dog and how often Introducing your new dog to other pets Introducing your new dog to children & family members 						
How would you care for your Pet when you're on Vacation or Business Trips:					- -	Crate Training House Training Exercising							
How will you handle bad habits, such as : Marking: Jumping Up:, Barking: Chewing,: Digging:								Other					
PLEASE LIST TWO PERSONAL REFERENCES (who do not reside with you) NAME ADDRESS (street, town zip) PHONE						you)	DATEID#						
			17				ADOPTION COUNSELOR						
NAME ADDRESS (street, town			vn zip)	n zip) PHO			LANDLOR		DLORI	RD APPROVEDYESNO			
I certify that the information I have given is true and I authorize CVHS to contact veterinarians, landlords, and references to investigate all statements in this								PROPERTY CHECK REQUIRED:YESNO VET RECORDS CHECKED :OKNO					
application; and to do follow-up property checks. I have read and understand The Co- checo Valley Humane Societies Adoption process							APPROVED DATEON DNP						
Completion of this application does not guarantee placement of an animal with the applicant. CVHS pets are assessed for placement with the home that best fits the animal's needs.							API	PROVE	D SUI	BJECT TO	O PROOF	OF (please ✓)	
SignatureDate						ID,AGE ORADDRESSLANDLORD OK FOR ANIMALS AT HOME (please \(\sigma \) SPAY/NEUTER VERIFICATION							
FOLLOW UP CVHS	ONLY:						_						HISTORY

dog adopter survey



first name		last name			date		
address			city		state	zip	
home phone () -	work phone () -	email			

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	10 years +			Not currently, but within the past year						
3	My dog needs to get along with other dogs.	NO If yes, list names,	ages, genders an	d breeds:		YES						
4	My dog needs to be good with: (circle all that apply)	Children over 8 years old	Children under 8 years old Elderly	/ People		Cats Animals other than dogs and cats						
5	My dog will primarily be an	Inside dog				Outside dog						
6	6 How many hours will your dog spend outside per day? hours											
7	My dog needs to be able to be alone (per day)	4 hours or less	8-10 hours 4-8 h	ours	2 hours or less	12 hours						
8	When I'm at home, I want my dog to be by my side		All of the time	Some of the time	Little of the time							
9	When I'm not at home, my dog will spend her time	In the garage In a crate in the house	In th <mark>e</mark> yard			Loose in the house Confined to one room in the house						
10	I want a guard dog.	NO				YES						
11	I want my dog to hunt or herd with me.	NO			Y	ES						
12	I want my dog to be the type that is very enthusiastic in the way she shows she loves people.		Not at all	Somewhat	Very							
13	I want my dog to be playful.		Not at all	Somewhat	Very							
14	I want my dog to be laid back.		Very	Somewhat	Not at all							
15	I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash.		No training	Some training	A lot of training							
16	I (or my children) want to participate in Agility, Flyball or Obedience with our dog.		NO		YES							
17	I am interested in a dog with "special needs" (medical or behavioral)		N	10	YES							
18	It's most important to me that my d	og				_						
FOF	R OFFICE USE ONLY											