

Kent County Animal Shelter- Dog Adoption Survey

Name: _____ Spouse's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone 1: _____ Phone 2: _____

Are you over 18 years of age? **Yes No**

Are you over 62 years of age? **Yes No**

General Information:

1. Please list household members:

Name	Age	Relationship

2. Do you run a day care or babysitting service in your household? **Yes No**

3. Do you **OWN** your home or **RENT** your home? _____

4. If you rent, or live in a home owned by a relative, what is your landlord's/relative's name and phone number?

5. **List all dogs, cats and ferrets CURRENTLY living at your home:**

Name	Breed	Age	Sex (M/F)	Neutered?	Indoors or Out?	How long owned?

6. List all dogs & cats who have lived with you in the **past 5 years** but who are **NOT CURRENTLY** with you:

Name	Breed	Age	Spay/Neutered?	Indoor or Out?	Where is the animal now?

7. How often do children or teens visit?

- Daily
- Numerous times/week
- 1-4 times monthly
- Infrequently

8. Would you say your current lifestyle is

- Very Hectic
- Moderately busy/ controllable
- Calm/ Quiet

9. Are there any major family changes in your near future?

- Birth of a child
- Household move
- Schedule Change
- Marital Change
- Other _____

10. Is anyone in your family allergic to animals?

- No
 - Yes
- If yes, please specify _____

11. What will your pet's indoor areas include?

- Full access to rooms
- Limited access to rooms
- Allowed on furniture
- Allowed on some furniture

12. Where will your pet sleep?

- Crate
- Their own bed
- Family member's bed
- Outside
- Other _____

13. Where will your pet be kept when you are not home?

- Crate
- Outside
- Free access to house
- Specific room

14. How much time do you plan on interacting with your dog daily? (training, playing, grooming, exercise, etc)

- < 1 Hour
- 1-2 Hours
- >3 Hours

15. Prioritize 3 activities you would like to do with your pet (fetch, jogging, etc)

- 1) _____
- 2) _____
- 3) _____

16. How often will you walk your pet off your property for mental stimulation?

- Twice daily
- Once daily
- Once weekly
- Less than once a week

17. Who will be in charge of feeding?

- Family members take turns
- Mom/Dad
- Individual _____

18. Who will be in charge of cleaning up?

- Family members take turns
- Mom/Dad
- Individual _____

19. Approximately how long will your dog be left **ALONE** on a typical day?

- 1-4 hours
- 4--8 hours
- 8-10 hours
- More than 10 hours

20. Do you plan on crate training your pet?
 Yes
 No
 Unsure, need more information
21. Who will be responsible for veterinary care?
 Family members take turns
 Mom/Dad
 Individual _____
22. Would you prefer to have your pet trained...
 Without assistance
 With the help of a private trainer
 Group training class
 Leave pet at a training facility
 Unsure, need more information
23. What other animals (not your own) will your pet interact with?
 Dogs
 Cats
 Other _____
 Often
 Rarely
 Never
24. If you have other pets, how will you handle introducing a new dog?
 Keep separate at first
 Slowly over several days
 Put new dog on leash
 Just put them together
25. How much will you budget **monthly** for your dog's food?
 \$20-\$50
 \$50-\$100
 More than \$100
26. What type of food will you feed your dog?
 Dry
 Canned
 Table Scraps
 Prescription if needed
27. How much will you budget to spend **annually** on your dog's medical care?
 Less than \$200
 \$200-\$400
 \$400-\$600
 More than \$600
 Whatever is necessary
28. Which veterinary hospital or clinic do you use?

29. Primary purpose for obtaining your pet:
 Companion
 Family pet
 Child's pet
 Hunting
 Protection
 Farm/outside pet
 Other _____
30. Has someone in your household owned a puppy less than 6 months of age?
 Yes
 No
 How long ago? _____
31. House training problems
 Could live with the problem
 Would do whatever it takes to correct the problem
 Problem would prompt me to part with the pet
32. Excitability
 Could live with problem
 Would do whatever it takes to correct the behavior
 Problem would prompt me to part with the pet
33. Excessive Vocalization
 Could live with problem
 Would do whatever it takes to correct the behavior
 Problem would prompt me to part with the pet
34. Jumps on people.
 Could live with problem
 Would do whatever it takes to correct the behavior
 Problem would prompt me to part with the pet
35. Chewing/Digs/Destructive
 Could live with problem
 Would do whatever it takes to correct the behavior
 Problem would prompt me to part with the pet
36. How important is it to you that your pet want to sit in your lap, follow you around, etc?
 Very important
 Important
 Not Important
 I would rather have an independent dog
37. How do you plan to groom your pet?
 At home
 Professionally if necessary
 As infrequently as possible

Certification, Authorizations, Releases and Understandings

- I certify that all statements on this adoption application are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being allowed to adopt from the Kent County Animal Shelter (KCAS).
- I authorize the KCAS to contact my veterinarians(s) and anyone else KCAS deems necessary to confirm how I have cared for my companion animals and/or how I am likely to care for any companion animal(s) I adopt from KCAS.
- I authorize my veterinarian(s) to release to KCAS all veterinary records of the animals I own or have owned.
- I understand that, with proper care, dogs can live 15 years or more and I am prepared to commit myself to the long-term care and protection of any animal I adopt from the KCAS.
- I understand that animal(s) I adopt from KCAS may require veterinary medical or health treatment beyond that provided by KCAS prior to my taking the animal(s) home. Such additional veterinary medical treatment could be costly. I acknowledge that KCAS is not responsible for providing any additional veterinary treatment or the incurring cost of any additional veterinary treatment provided by veterinarians I select to provide such treatment.
- I will not sell or give away animal(s) I adopt from KCAS. As long as I live in the service area of KCAS, I agree to return the animal(s) to KCAS in the event I cannot keep or choose not to keep the animal(s). If I move from the area, I agree to take the animal(s) to the local humane society or comparable local animal welfare organization.

Date: _____ Applicant Signature: _____