



Making the Best Match Possible-DOGS
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My Information

Name _____ Email _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____
Street City State Zip

County of Residence : Albemarle City of Cville Louisa Nelson Fluvanna
 Augusta Rockingham Greene Orange Buckingham Other _____

About My Home

Number of adults _____ and number of children _____ in my home. Ages of children: _____

Do children visit your home frequently? Yes No If yes, ages of children _____

Is anyone in your family allergic to pets? Yes, dogs & cats Yes, cats only Yes, dogs only
 No If yes, who in your family is allergic and how severely? _____

Is anyone in your home nervous or unsure of pets? Yes No If yes, who? _____

I rent my home I own my home I Live with parents/relatives

My home is a home in the city home in the suburbs
 home in the country home in a mobile home park (name of park) _____
 Apartment or Condo (complex name) _____

Will you allow an SPCA representative to do a pre-adoption visit to your home? _____

Please list all pets in your household:

- 1) _____
 Dog (breed), cat or other Age Sex Spayed/neutered (Y or N) kept indoors/outdoors/both
- 2) _____
 Dog (breed), cat or other Age Sex Spayed/neutered (Y or N) kept indoors/outdoors/both
- 3) _____
 Dog (breed), cat or other Age Sex Spayed/neutered (Y or N) kept indoors/outdoors/both
- 4) _____
 Dog (breed), cat or other Age Sex Spayed/neutered (Y or N) kept indoors/outdoors/both
- 5) _____
 Dog (breed), cat or other Age Sex Spayed/neutered (Y or N) kept indoors/outdoors/both

Have you had other dogs or cats in the past 5 years? _____ If yes, how many? _____ dogs _____ cats
 Where are they now?

Do you currently have a veterinarian? If so, who? _____
 Approximate date of vaccinations of current pets: _____

My Preferences

I am looking for (check any that apply) puppy young adult adult senior no preference

At its adult size, my ideal dog would be (check any that apply) small (5-25 lbs) medium (25 to 50 lbs)
large (50 to 80 lbs) extra large(80+ lbs) no preference

Would you like a male female no preference

Would you like your pet spayed/neutered before adoption after adoption prefer it not be fixed

Please check all reasons for adopting a dog

- breeding
- companion for other animal
- hunting
- Guard dog for business
- companion for self
- child's pet
- gift for someone outside of immediate family
- watchdog for home

Please describe the energy level you are looking for low medium high

Please check what is necessary to you in a dog you will adopt:

- already housetrained
- Can be left in house unattended
- rarely barks
- doesn't chew
- will jog or run with me
- good with strangers
- good with livestock
- already knows basic obedience
- can be walked off leash
- doesn't dig
- likes to fetch/play
- gentle with young children
- likes other dogs
- Other _____
- Doesn't pull on leash
- doesn't jump up
- low-shedding
- doesn't wander
- good watch-dog
- good with cats

Are you planning on taking your dog to obedience class? _____

Are you prepared to spend \$300-\$500 a year on basic expenses (food, medical) for this pet? yes no

Will your dog be kept primarily indoors indoors and outdoors outdoors only

How many hours will your dog be left alone each day? 0-4 hrs 5-9 hrs 10+ hrs

Where will your dog be when left alone? _____

Where will your dog sleep at night? crate kitchen family member's room
doghouse basement garage other: _____

I have a: fenced yard invisible fence outside kennel cable/runner
stationary tie-out unfenced acreage (how many acres) _____ will leash walk dog daily

Under what circumstances would you give up this pet? bites/aggressive difficult to houstrain
chews/destructive when left alone requires too much exercise wanders
moving to "no pets allowed" housing moving out of state medical expenses/animal ill
aggressive with other pets other _____

STAFF ONLY	Staff Initials:	Dog ID#
<input type="checkbox"/> S/N required	<input type="checkbox"/> Home Visit Required	<input type="checkbox"/> LL permission required