

BCSPCA

DOG ADOPTION QUESTIONNAIRE

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Cell: _____

Email: _____

BCDL/ID: _____ Birthdate: _____

(mm/dd/yyyy)

YOUR FAMILY

1. Who are you adopting this dog for?

Myself Other: _____

2. Number of adults (18 + years) at home: _____

3. Number of children at home:

_____ 0 – 7 years _____ 8 – 17 years

4. Any visiting children? Yes No

5. Any allergies in the family? Yes No

6. How busy is your family's schedule?

Very busy Busy Not busy

7. How would you describe yourself?

Nervous Loud Calm Quiet

9. Are you planning on the following in the next month?

Moving Holiday Change in schedule

10. Where will your dog stay during holidays?

At home with care Boarding Other

YOUR HOME

1. What type of home do you live in?

Acreage House Apartment

2. Do you: Own Rent

3. Do you have your landlord's/strata's permission to have pets?

Yes No

Please provide us with contact information for your landlord or a copy of your strata by-laws:

Checked by the BC SPCA Yes, please initial: _____

4. On average, how many hours will your dog be alone on:

Weekdays _____ Weekends _____

5. Where will your dog stay during the day?

Loose in the house Crated inside Garage
 Fenced kennel/run Fenced yard Loose outside
 Other _____

6. Where will your dog stay during the night?

Loose in the house Crated inside Garage
 Fenced kennel run Fenced yard Loose outside

FOR OFFICE USE ONLY

Date: _____ Shelter: _____

Staff Full Name: _____

Dog's Name: _____ SB No.: _____

Approved: Yes No Pending

Reason: _____

GENERAL INFORMATION

1. Who will have the primary responsibility for this dog?

2. Have you had dogs before? Yes No

3. What happened to them?

4. Have you surrendered or given away a pet? Yes No
If yes, please provide the reason:

5. How many hours of exercise can you give your dog?

Weekdays _____ Weekends _____

6. What would you enjoy doing with your dog?

On-leash walking Off-leash walking Off-leash parks
 Jogging Cycling Other

7. Approximately how much do you think your dog will cost you per year?

Vet/medical _____ Food _____

Boarding _____ Grooming _____

YOUR PETS

1. Are there other dogs in your household? Yes No

If yes, please list them:

Name	Breed	Age	Sex	Fixed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Do you have other pets in your household? Yes No

If yes, please list them:

Name	Type	Age	Sex	Fixed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Please provide the name and phone number of your vet:

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TELL US WHAT YOU ARE LOOKING FOR

Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> No preference		
Coat:	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Non-shedding	<input type="checkbox"/> No preference
Age:	<input type="checkbox"/> Puppy	<input type="checkbox"/> Adult	<input type="checkbox"/> Senior	<input type="checkbox"/> No preference	
Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> No preference	
Breed/Type/Colour:					

PROBLEMS YOU ARE WILLING TO WORK ON					
<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Excitability	<input type="checkbox"/> Mild aggression	<input type="checkbox"/> Obedience	<input type="checkbox"/> House training	<input type="checkbox"/> Fearfulness
<input type="checkbox"/> Reaction to other dogs	<input type="checkbox"/> Barking	<input type="checkbox"/> Vocalization			
<input type="checkbox"/> I am not willing to work on any problems					
<input type="checkbox"/> I need more information to decide					

I WOULD LIKE MY DOG TO:	VERY IMPORTANT	QUITE IMPORTANT	NOT IMPORTANT
Be friendly with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors to the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being petted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOME DOGS WILL REQUIRE TRAINING	YES	NO	NOT SURE
I need a dog that is already trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am first time dog owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have obedience trained before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lots of experience and could handle a difficult dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under what circumstances would you return your dog? <input type="checkbox"/> Moving <input type="checkbox"/> Too costly <input type="checkbox"/> New baby <input type="checkbox"/> Aggression <input type="checkbox"/> Medical reasons <input type="checkbox"/> Not enough time <input type="checkbox"/> Behaviour problem
Comments:
Have all the members of your household met the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of neglect or cruelty to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to have a BC SPCA representative do a home visit by appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?

FALSIFIED INFORMATION WILL LEAD TO AUTOMATIC REJECTION OF THE APPLICATION. THE BC SPCA RESERVES THE RIGHT TO REFUSE ANY APPLICANT.

I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship.

Applicant signature: _____ Date: _____

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
THIS INFORMATION WILL HELP US MATCH YOU WITH THE RIGHT DOG FOR YOUR FAMILY.
SPCA.BC.CA**