



| Che | ecked in by: |
|-----|--------------|
|     |              |

| Date: |  |  |
|-------|--|--|

Person ID:

| Website TV Newspaper<br>Name  | Radio Friend/Family Prev. Adopter Address (No PO Box)   | Other<br>City/State/Zip  |  |
|---|---|--|--|
| Spouse/Partner Name   |   |  |  |
| Home Phone  | Work Phone  | Cell Phone   |  |
| Are you 18 or older?  | Drivers License #   | Email  |  |
| Children and your home:  I have children Ages Children visit my home Ages Children rarely visit | You and Your Household  Dog experience:  First time owner  Have had one or two  Have had many  Have attended training classes/hired trainer | Living situation:  Rent. What is the pet policy?  Own Live with parents Mobile home or Condo |  |

| be:                         | ш     | Difficult to distract of control when on leash  | J    | very Active/Active        |
|-----------------------------|-------|---|------|---------------------------|
| □ Outside                   |       | May attack and cause injury to a small animal   | ב    | Calm/Gentle/Well Mannered |
| ☐ Inside                    |       | Afraid of other animals(backs away/may snap)    | ב (  | Reserved/Shy              |
| ☐ Outside and garage        |       | Fearful of new people/places                    | ב (  | Excitable/High Energy     |
| ☐ Uses dog door             |       | Protective of family/home                       | ב    | Confident                 |
| ☐ Crate/Kennel              |       | Shy/Nervous toward children                     | ב (  | Playful                   |
| At night my dog will be:    |       | Independent-doesn't really need people much     | ב (  | Pushy/Tests the Limits    |
| ☐ Outside                   |       | Clingy–needs to have someone around often   □   | ב (  | Protective of family/home |
| ☐ In the garage             |       | Not housetrained                                | ַ    | Clingy/Dependent          |
| ☐ Inside                    |       | Other   | ב    | Other                     |
| Breed(s) of dogs I want: _  |       |   |      |                           |
| Breed(s) of dogs I do not w | vant: |   |      |                           |
| Is there anything else you  | woul  | d like us to know about the type of dog you are | e lo | oking for?                |

|            | (Please list <u>all</u> in the past 10 years) |     |            |          |                    |                       |                            |
|------------|---|-----|------------|----------|--------------------|-----------------------|----------------------------|
| Pet's Name | Age   | Sex | Breed/Type | Altered? | How Long<br>Owned? | Kept In, Out,<br>Both | Still Have?<br>If No, Why? |
|            |   |     |            |          |                    |                       |                            |
|            |   |     |            |          |                    |                       |                            |
|            |   |     |            |          |                    |                       |                            |
|            |   |     |            |          |                    |                       |                            |
|            |   |     |            |          |                    |                       |                            |

## FOR OFFICE USE ONLY

| Case #                  | Counselor:                                | Date:                                 |
|-------------------------|---|---------------------------------------|
| <b>Hold Pending:</b> □D | og Intro □Other Adults □Children □Other:_ |                                       |
| ☐ Previous F            | ets                                       |                                       |
| ☐ Breed                 |   |                                       |
| ☐ Indoor/Ou             | tdoor                                     |                                       |
| ☐ Activity L            | evel                                      |                                       |
| ☐ Hours awa             | y from home                               |                                       |
| ☐ Destructio            | n/Chewing                                 |                                       |
| ☐ Crating/He            | ousetraining                              |                                       |
| □ Nipping/P             | uppies                                    |                                       |
| ☐ Children              |   |                                       |
| ☐ Health Car            | ra/Cost                                   |                                       |
|                         | re/Cost                                   |                                       |
| Adopters Concerns/      | Questions:                                |                                       |
| Special Notes:          |   |                                       |
| * * * *                 | * * * * * * * * * * *                     | • • • • • • • • • • • • •             |
| Case #                  | Counselor:                                | Date:                                 |
| <b>Hold Pending:</b> □D | og Intro □Other Adults □Children □Other:_ |                                       |
| ☐ Previous F            | Pets                                      |                                       |
| ☐ Breed                 |   |                                       |
| ☐ Indoor/Ou             | tdoor                                     |                                       |
| ☐ Activity L            | evel                                      |                                       |
| ☐ Hours awa             | y from home                               | · · · · · · · · · · · · · · · · · · · |
| ☐ Destructio            | n/Chewing                                 |                                       |
|                         | ousetraining                              |                                       |
| ☐ Nipping/P             | uppies                                    |                                       |
| ☐ Jumping_              |   |                                       |
| Uniteren_               | ro /Coot                                  |                                       |
|                         |   |                                       |
| Adopters Concerns       | Questions?                                |                                       |
|                         |   |                                       |
| Special Notes:          |   |                                       |
| • • • • •               |   | • • • • • • • • • • • • • • •         |
| Case #                  | Counselor:                                | Date:                                 |
| <b>Hold Pending:</b> □D | og Intro Other Adults Ochildren Other:_   |                                       |
| ☐ Previous F            | Pets                                      |                                       |
|                         |   |                                       |
| ☐ Indoor/Ou             | tdoor                                     |                                       |
| ☐ Activity L            | evel                                      |                                       |
| ☐ Hours awa             | y from home                               |                                       |
| Destructio              | n/Chewing                                 |                                       |
| ☐ Crating/He            | ousetraining                              |                                       |
| ☐ Nipping/P             | uppies                                    |                                       |
| ☐ Jumping_              |   |                                       |
|                         |   |                                       |
|                         | re/Cost                                   |                                       |
| Adopters Concerns       | Questions?                                |                                       |
|                         |   |                                       |
| Special Notes:          |   |                                       |