



MEDICINE HAT SPCA DOG ADOPTION QUESTIONNAIRE

DATE: _____ PET'S NAME _____ FILE #: _____

We are glad to have you come to adopt a new pet from our facility. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

Name: _____ Street/Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ Cell: (____) _____ E-Mail: _____

References:

Name: _____ Phone: _____ Name: _____ Phone: _____

Are you working? Fulltime Part time Attending School Unemployed Retired

1. Living Arrangements: House Apartment Condo Town House Other: _____

2. Do You: Own Your Home Rent

Landlord's Name: _____ Landlord's Phone: _____

3. Are you adopting for yourself: Yes No Explain No: _____

4. Are you 18 years of age or older? Yes No

5. Is everyone in your household aware of the decision to get a pet? Yes No

6. Are there any children living at home: Yes No _____ 0-7 years _____ 8-17 years

7. Any visiting children? Yes No

8. How busy is your family's schedule? Very busy Busy Not busy

9. Please check all of the reasons for adopting a pet: Companion Family pet Breeding For A Child
 Company for another Pet For a Senior

10. Have you owned a pet before? Yes No Type: _____

11. If you no longer have it, what became of it? _____

12. Have you surrendered or given away a pet? Yes No If Yes, please explain why: _____

13. Have you adopted from us before? Yes No

14. Do you presently have any other animals? Yes No If yes, please list them below:

BREED	SEX	SPAYED/NEUTERED	AGE	WHERE DID YOU GET IT
1.				
2.				
3.				
4.				

15. Do you have a veterinarian? Yes No Name of Veterinarian Clinic: _____

16. Do you plan to take your new dog/puppy to a veterinarian for annual health checks? Yes No
17. Are you or any member of your family allergic to animals? Yes No
18. Will this animal wear identification tags? Yes No "We encourage ID Tags"
19. It may take your dog/puppy 2 - 3 weeks to adjust to their new home if other pets are involved. Are you prepared to allow it this much time to adjust? Yes No
20. On average, how many hours will your dog be alone on: Weekdays _____ Weekends _____
21. Where will your dog stay during the day? Loose in the house Crated inside Garage Fenced kennel/Run Fenced Yard Loose Outside Other _____
22. Where will your dog stay during the night? Loose in the house Crated inside Garage Fenced kennel/Run Fenced Yard Loose Outside Other _____
23. Who will have the primary responsibility for this dog? _____
24. What will you do with your pet when on vacation? _____
25. What will you do with this animal if you move? _____
26. Will this pet be mainly an indoor or outdoor pet? Indoor Outdoor Both
If outdoor, when will it be inside? Never Always Sometimes Whenever it wants Night Day
27. What would you enjoy doing with your dog? On-Leash Walking Off-Leash Walking Other _____
28. Approximately how much do you think your dog will cost you per year? Vet/medical _____
Grooming _____ Food _____ Boarding _____
29. Are you prepared for the extra dirt and hair in your house? Yes No
30. Will you be taking new dog to obedience class? Yes No
31. Do you have experience training a dog? ie. Housebreaking, obedience, etc.) Yes No
32. Do you plan to exercise this dog? Yes No How Often: _____
33. Do you have a completely fenced yard? Yes No Height of Fence: _____
Or Outdoor Kennel? Yes No Size of kennel: _____

SPCA POLICY REQUIRES DOG OWNERS TO HAVE A FENCED YARD FOR THE SAFETY OF THE DOG. HEIGHT OF THE FENCE DEPENDS ON THE SIZE OF THE DOG. PLEASE TALK TO STAFF ABOUT FENCE REQUIREMENTS.

34. Do you understand that this commitment lasts for the life of the pet? Yes No
34. Under what circumstances would you return your dog? Moving Too Costly New Baby Aggression
 Medical reasons Not enough time Behaviour problem(s) Other _____

ALL PETS UP FOR ADOPTION ARE OWNED BY THE MEDICINE HAT SPCA AND AS SUCH, WE RESERVE THE RIGHT TO REFUSE ADOPTION TO ANYONE IF WE FEEL IT IS NOT IN THE BEST INTERESTS OF THE PET IN QUESTION.

I CERTIFY THAT THE ABOVE INFORMNATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Signature _____

Date _____

Staff Signature _____

Date _____