

# Ionia County Animal Shelter - Dog Adoption Survey

Animal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you over 18 years of age? YES NO

1. Please list house hold members AND their ages:

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2. Do you operate a daycare or babysitting service in your household? YES NO

3. Do you own or rent your home? OWN RENT

4. If you rent your home, or live in a home owned by a relative, please explain your residential pet policy?

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

| Name | Breed | Age | Sex (M/F) | Neutered? | Inside or outside pet? | How long owned? |
|------|-------|-----|-----------|-----------|------------------------|-----------------|
|      |       |     |           |           |                        |                 |
|      |       |     |           |           |                        |                 |
|      |       |     |           |           |                        |                 |
|      |       |     |           |           |                        |                 |

6. What is the name and clinic of your regular veterinarian?

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Will you be taking your new dog to this veterinarian? YES NO

If no, which one? \_\_\_\_\_

7. How often do children or teens visit?

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

8. My life is:

- Calm quiet
- Busy
- Hectic
- Changing

9. Are there any changes in your life that you are planning in the near future?

- Birth of a child
- Household move
- Schedule change
- Marital Change
- Other \_\_\_\_\_

10. Where will the dog sleep?

- Crate
- Their bed
- Outside
- Your bed

11. Where will the dog be kept when you are not home?

- Crate/Kennel
- Outside tied up
- Free roam of house
- Confined in house
- Outside in fence
- Outside free to roam

12. How much time do you have to devote to walking or playing with your dog?

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

13. How long approximately will your dog be left alone on a typical day? \_\_\_\_\_

14. How will you keep your dog confined to your property?

- Fenced in yard
- Invisible/Electric fence
- Chain/Cable
- Trained to stay

15. Do you plan on crate training your pet?

- Yes
- No
- Unsure, need more info

16. Would you prefer to have your pet trained?

- Without assistance
- With the help of a trainer
- In a class setting
- Unsure at this time

17. What other animals (not your own) is this dog likely to interact with?

- Dogs
- Cats
- Other \_\_\_\_\_

18. How often?

- Rarely
- Often

19. How much will you budget MONTHLY on your dog's food and care?

- Under \$20
- \$20-\$50
- \$50-\$100
- More than \$100 or as much as the dog needs within reason

20. Primary purpose for obtaining the dog:

- Personal companion
- Family pet
- Hunting
- Protection
- Farm/outside

21. Has someone in your household owned a puppy recently that is under 6 months of age? YES NO

22. If my dog has or develops any behavior problems such as potty training, excitability, jumping, barking, destruction I would:

- Live with the problem
- Seek help from a professional
- Would prefer a dog without problems
- Would part with the pet

23. How important is it to you that your dog will sit in your lap/follow you around, etc?

- Very important
- Important
- Not important
- Would prefer an independent dog

### **Certifications, Authorizations, Releases, and Understandings**

- I certify that all statements on this survey are made truthfully and without evasion, and I understand that such statements may be sufficient reason for not being allowed to adopt a cat from Ionia County.
- I authorize Ionia County to contact my veterinarian, and my landlord, to confirm how I have cared for companion animals in the past, and how I am likely to care for an

animal adopted from Ionia County.

- I authorize my veterinarian to release all records of the animals I own or have owned in the past.
- I understand that the animal(s) I adopt from Ionia County may require veterinary or health treatment beyond that provided by Ionia County Animal Shelter prior to taking an animal home.
- I acknowledge that Ionia County does not employ a veterinarian and is not responsible for providing treatment or incurring the cost of treatment needed by this animal.
- I understand that with proper care, this pet 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 Ionia County.
- I will not sell or give away the animal(s) that I adopt from Ionia County. If I am unable to care for this animal(s), or I choose not to, I agree to return this animal (s) to Ionia County Animal Shelter during normal business hours, and will not abandon or harm this animal(s) in any way.

**Ionia County Animal Shelter**

**3853 Sparrow Drive**

**Ionia, MI 48846**

**616-527-9040**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For staff use only: \_\_\_\_\_ accepted \_\_\_\_\_ declined \_\_\_\_\_ Initials