

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? ☐Yes ☐No

Have you ever been convicted of neglect or cruelty to animals? ☐Yes ☐No

Are you willing to have a BC SPCA representative do a home visit by appointment? ☐Yes ☐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**