



About the Adopter †

Name: _____ Phone: (h) _____ (w) _____

Address: _____ PO Box _____ Employer: _____

Town/state/zip: _____ Email: _____

Length of time you have lived at this address: _____ Own Rent Condo

If you rent your home, who is your landlord? _____ Phone? _____

How did you hear about our adoption program? Friend/family Newspaper Radio Website
 Library display Other _____

Have you adopted from the Dakin Animal Shelter before? Yes No

Who will be the primary caretaker for this dog? _____

Who is your veterinarian? _____

How would you describe your dog experience?

This will be my first dog I've had one or two I'm experienced and knowledgeable

How long are you away from home on the average day?

Home all day Out part-time Away 7-10 hours daily

Our dog will live: Primarily Indoors Indoors/Outdoors Primarily Outdoors

Who shares your household? Just Me Two Adults Adult(s) and Kids More Than 2 Adults

The following best describes our home atmosphere:

Grand Central Station! Some Activity Quiet and Serene

Please tell us about your current companion animals:

1. Dog Cat Age: _____ Spayed/Neutered? Yes No Kept: Inside Outside Both
2. Dog Cat Age: _____ Spayed/Neutered? Yes No Kept: Inside Outside Both
3. Dog Cat Age: _____ Spayed/Neutered? Yes No Kept: Inside Outside Both
4. Dog Cat Age: _____ Spayed/Neutered? Yes No Kept: Inside Outside Both

Any others? _____

Please tell us about the companion animals you have had in the past five years:

1. Dog Cat Where is s/he now? Found new home Died Disappeared Other
2. Dog Cat Where is s/he now? Found new home Died Disappeared Other
3. Dog Cat Where is s/he now? Found new home Died Disappeared Other
4. Dog Cat Where is s/he now? Found new home Died Disappeared Other

Any others? _____

Today's Date: _____

About the Dog

What breed(s) of dog would be ideal for you? _____

Adult Size: 0-20 lbs. (Small) 20-50 lbs. (Medium) 50-100 lbs. (Large) Over 100 lbs. (Giant)

Coat: Short Medium Long Non-allergenic No preference

Age: 8-16 weeks 4-12 months 1-3 years I have a soft spot for old dogs No preference

Training: None Housetrained Some obedience training Fully trained and well-behaved

Activity Level: Athletic Weekend Warrior Couch Potato

Sex: Male Female No preference

Do you want to have this dog spayed/neutered? Yes No Undecided

Please describe your ideal dog: _____

Please circle topics you would like to discuss with us today:

Housetraining Indoors vs. outdoors Separation Anxiety Chewing Vaccines Diet

Introducing to other animals Crate training Exercise requirements Vacation with/without animal

Moving with/without animal Leash/License Laws Dogs and Children Escaping Obedience training

Other _____

For Dakin Animal Shelter Adoption Counselors

Which animal is being considered? Name: _____ ID#: _____

What information would the adopter like from us before adopting?

Does this animal have any specific problems (health, behavioral)?

Did their dog meet this dog? Yes No How did the dog meet go?

Has everyone in the family met this dog? Yes No How did that meeting go?

Was the landlord called? Yes No What did the landlord say about dogs?

Other important information about this adoption:

Adopted Animal #: _____ Named: _____ Date: _____ Staff: _____