



SICSA
DOG PRE-ADOPTION SURVEY

DATE _____

Dog or Breed of Dog Applying to Adopt: _____ Specific Dog: _____

What Gender would you prefer to adopt? Male Female Would you consider a mixed breed? Yes No

What is your age preference? Under six months 6 months-1 year 1-2 years 2-5 years Other _____

Why do you want to adopt a shelter/rescued dog? _____

Are you willing to adopt an older dog (6 + years)? Yes Are you willing to adopt a special needs dog? Yes

What do you want this dog for (check all that apply)? Companion for me Companion for another pet

Watch/Guard Dog Hunting Performance (ie. agility/hiking/jogging) Other _____

Expected Energy level of dog: High (dog needs daily vigorous exercise and mental stimulation)

Moderate (dog needs at least two walks plus interactive exercise such as fetch daily)

Couch Potato (dog will be happy with a walk around the block once a day)

No preference

Section 1. Applicant Contact Information

Applicant First and Last Name: _____ Co-Applicant First and Last Name: _____

Applicant Employer: _____ Co-Applicant Employer: _____

Age of Applicant: _____ Age of Co-Applicant: _____

Residence Street Address (Not a P.O. Box) _____

City _____ State _____ Zip _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Years at current address: _____ Email address: _____

Section 3 Household Members Other Than Applicant(s)

Name _____ Age: _____ Relationship _____

Name _____ Age: _____ Relationship _____

Name _____ Age: _____ Relationship _____

Name _____ Age: _____ Relationship _____

If there are additional people in your household, please list on the back of the application.

Do children visit in your home: Yes No If Yes, ages and frequency: _____

Are you willing to supervise the dog at all times with children under the age of 10? Yes

Who will be primarily responsible for caring for the dog? _____

Is anyone in the household allergic to dogs or cats? Yes No

Is this dog being adopted as a gift for someone? Yes No

If yes, is the person aware they are going to be receiving a dog, or is it a surprise? _____

Section 4. Dwelling Information

Type (i.e., House, Apartment, Condominium, Mobile Home): _____ Rent Own

If Rent, landlord Name and Phone Number: _____

How long do you expect to be at your current residence? _____

How will you contain the dog on your property?

Fence Type _____ Height _____ Tie out Dog run/kennel Other _____

How will the dog be exercised, how often, and who will supervise the dog while outdoors? _____

Where will the dog be kept during the day? _____ Where will the dog be kept at night? _____

Section 5. Lifestyle

How many hours will the dog be left alone at any one time, and how frequently? _____

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

Section 6. Pet Care Philosophy

Are you willing to work with the shelter dog to resolve problem behaviors? (i.e. chewing, housetraining, pulling on lead, barking)

Yes No

If yes, what types of problems would you not be able to accept? _____

How will you correct behavior problems? _____

Do you understand that rescued dogs may have house-training problems, especially at first? Yes

Who will care for the dog during vacations or overnight trips? _____

Section 7. Agreements/Understandings

Are all household members in favor of adopting a dog? Yes No

Are you willing to take responsibility for the dog for its lifetime? Yes No

Additional Comments: _____

Section 8. Pets (Current and Past 3 Years)

Have you ever owned a dog as an adult? Yes No

Do you currently own any dogs? Yes

Do you currently own any cats? Yes

Please list all dogs and cats owned currently. If you have more pets than room allowed on the form, please describe in the comments section below.

Pet Name	Type -Dog or Cat/Breed:	Age:	Gender:	Spayed or Neutered?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments (or additional pets): _____

Did you have any pets in the past 3 years that are no longer with you? Yes No

If yes, please list: _____

Do all of your current pets get along well with other animals?

Yes No

If no, please explain: _____

Do all your pets receive regular veterinary care and are they up-to-date on vaccinations?

Yes No

What heartworm preventive do you use? _____

If you have adopted a rescue pet before, please provide details: _____

Veterinarian Name: _____ Veterinary Phone Number: _____

Do you own any other types of pets or livestock? If yes, please explain what types: _____

I have answered all the above questions truthfully to the best of my knowledge. I understand that if, for any reason, I can no longer care for or keep the dog, I must return it directly to SICSA, and I will sign all necessary papers for the surrender of the dog.

SICSA offers no guarantees regarding health, behavior, temperament or actions of the pet you are interested in adopting. If you choose to return the pet, the adoption fee is **non-refundable** and **no refund** will be given for any additional medical costs.

Applicant's signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date _____

Veterinary verification? _____

Landlord verification? _____

Approved adoptive home? YES **NO** **PENDING** _____

Interview Notes:

Dog (s) interested in:

Dog (s) adopted:

SICSA Interviewer: _____