

## SICSA DOG PRE-ADOPTION SURVEY

DATE		

Dog or Breed of Dog Applying to Adopt:	Specific Dog:		
What Gender would you prefer to adopt? ☐ Male ☐ Fo	emale Would you consider a mixed breed?   Yes   No		
What is your age preference? $\square$ Under six months $\square$	6 months-1 year □ 1-2 years □ 2-5 years □ Other		
	, , , , , , , , , , , , , , , , , , ,		
Are you willing to adopt an older dog $(6 + years)$ ? $\square$ Y	es Are you willing to adopt a special needs dog?  Yes		
What do you want this dog for (check all that apply)?			
	. agility/hiking/jogging)		
Expected Energy level of dog:   High (dog needs dail			
_	at least two walks plus interactive exercise such as fetch daily		
_	ill be happy with a walk around the block once a day)		
<u>_</u>	in be happy with a wark around the block once a day)		
No preference			
Section 1. Applicant Contact Information  Applicant First and Last Name:	Co-Applicant First and Last Name		
	ast Name: Co-Applicant First and Last Name: Co-Applicant Employer:		
Age of Applicant: Age of Co-Applicant			
Residence Street Address (Not a P.O. Box)			
	Zip Home Phone:		
Work Phone: Cell Phone			
Years at current address: Email address:			
Section 3 Household Members Other Than Applicant	<u>((s)</u>		
NameAg	ge: Relationship		
If there are additional people in your household, please li	ist 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 chi	ldren under the age of 10?		
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 Ho	ome):		
If Rent landlord Name and Phone Number:			

How long do you ex	pect to be at your current resi	dence? _				
How will you contain	in the dog on your property?					
☐ Fence Type	Fence Type Height					
How will the dog be	exercised, how often, and wl	_	pervise the dog wh			
_	be kept during the day?					
Section 5. Lifestyle			a. d h a fu an au 41	0		
•	ll the dog be left alone at any		-			
	convicted of cruelty to anima	ıls?	☐ Yes ☐ 1	No		
Are you willing to v  Yes	vork with the shelter dog to re	solve prob	olem behaviors? (i.e	e. chewing, housetr	aining, pulling on	lead, barking
If yes, what types of	problems would you <u>not</u> be a	able to acc	ept?			
How will you correct	et behavior problems?					
Who will care for th	hat rescued dogs may have he dog during vacations or over					
	embers in favor of adopting a	ı dog?	☐ Yes	□ No		
	ake responsibility for the dog		time?	□ No		
	its:					
Section 8. Pets (Cu	rrent and Past 3 Years)					
Have you ever owne	ed a dog as an adult?		□ Yes □	No		
Do you currently ow	n any dogs?		☐ Yes			
Do you currently ow	vn any cats?		☐ Yes			
Please list all dogs a the comments section	nd cats owned currently. If you below.	ou have m	ore pets than room	allowed on the	form, please d	escribe in
Pet Name	Type -Dog or Cat/Breed:	Age:	Gene	der:	Spayed or	Neutered?
			_	∃F	☐ Yes	□ No
			_	∃F	☐ Yes	□ No
			_	<b>J</b> F	☐ Yes	□ No
			_ ПМ [	<b>J</b> F	☐ Yes	□ No
Comments (or addit	ional pets):					
	ets in the past 3 years that are	_	•	☐ Yes	□ No	
II yes, please list: _						_

Do all of your current pets get along well		☐ Yes	□ No	
If no, please explain:				
Do all your pets receive regular veterinar What heartworm preventive do you use?		e on vaccinations?	☐ Yes	□ No
If you have adopted a rescue pet before,	•			
Veterinarian Name:	Veterinary Phone Nu			
Do you own any other types of pets or live	vestock? If yes, please explain	what types:		
I have answered all the above understand that if, for any recreating it directly to SICSA, and the dog.  SICSA offers no guarantees regard in adapting. If you	ason, I can no longer nd I will sign all neces arding health, behavior,	care for or keessary papers for temperament or	the does the sur	g, I must render of
are interested in adopting. If you refundable and no refund will		•		1-
Applicant's signature:		Date:		
Date	FOR OFFICE USE ONI	LY		
Veterinary verification?				
Approved adoptive home? YES	○ NO ○ PENDING○			
Interview Notes:				
Dog (s) interested in:				
Dog (s) interested in:				
Dog (s) adopted:				
SICSA Interviewer:				