

# KHS Dog Adoption Survey

Time In: \_\_\_\_\_

Thank you for choosing to adopt from the Kitsap Humane Society! To ensure that KHS animals and adopters are properly matched, we ask that you complete our adoption survey before proceeding to a meet and greet. We strive to ensure the compatibility of the human and animal and in some cases, an adoption may not be approved based on incompatibility. Kitsap Humane Society cannot guarantee the health status or behavior of the shelter pets you meet during the adoption process. By completing this survey and participating in an adoption counsel, you shall agree to indemnify and hold harmless Kitsap Humane Society and its representatives from liability and claim for any damages because of bodily injury, injury to your pet, sickness, or disease resulting from interactions with shelter pets during the adoption process.

First Name: _____		Last Name: _____		Date: _____	
Date of Birth: ____/____/____		Spouse/Partner Name: _____			
Home Address: (Street) _____				Apt./Building #: _____	
(City): _____		(State): _____		(Zip): _____	
Mailing Address, if different: _____					
Primary Phone: (____) _____		Secondary Phone: (____) _____			
Email Address: _____					
Alternate Contact (for microchip) Name: _____				Phone: (____) _____	

❖ I am interested in meeting the following dog(s)/puppy(ies) today: \_\_\_\_\_

## Household Information:

Please select your age range: ☐ Under 18 ☐ 18-20 ☐ 21-25 ☐ 26-35 ☐ 36-59 ☐ 60+

Number of adults in the home: \_\_\_\_\_

Number of children under 18 in the home: \_\_\_\_\_ Age of each child: \_\_\_\_\_

Do you: ☐ Rent ☐ Own ☐ Live with relative(s)

If you rent, have you checked that your landlord/lease allow for you to adopt today? ☐ Yes ☐ No ☐ Unsure

Do you plan to move in the next 6 months? ☐ Yes ☐ No

Do you have a fenced yard? ☐ Yes ☐ No If yes, what is the height and type of fencing? \_\_\_\_\_

What best describes your dog experiences?

☐ I've never had a dog ☐ As a child, I grew up with a dog(s) ☐ As an adult, I have owned a dog(s)

I currently share my home with the following animals:

Dog / Cat / Other Species	Age	Breed	Male / Female?	Spayed / Neutered?	Length of Ownership?

## **Home Environment:**

**The activity level in my house is usually:**

- ☐ A place with constant activity & noise
- ☐ Sometimes noisy, sometimes quiet
- ☐ Quiet & calm most of time

**Children will be at my house:**

- ☐ All of the time
- ☐ Some of the time
- ☐ None of the time

**When I'm not at home, my dog will spend his or her time:**

- ☐ In the garage   ☐ In the yard   ☐ Loose in the house
- ☐ In a crate in the house   ☐ At a Doggy Daycare Facility
- ☐ Confined to one room in the house

## **Personal Experience & Preferences:**

**I want my dog to be:**

- ☐ Calm and easy going
- ☐ Middle of the road
- ☐ Energetic and playful

**Do you have experience training dogs to resolve or manage challenging behaviors? (Examples: reactivity to dogs and/or people, escape tendencies, separation anxiety, jumpy/mouthy)**

- ☐ No experience
- ☐ Some experience
- ☐ A lot of experience

**Describe your ideal dog in 5 words or less:**

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**Dog behavior(s) with which I am not comfortable:**

- ☐ Reactivity to dogs   ☐ Reactivity to people
  - ☐ Escape tendencies   ☐ Separation anxiety
  - ☐ Jumpy/mouthy   ☐ Destructive Tendencies
  - ☐ Potty Training   ☐ Excessive Vocalization
  - ☐ Resource Guarding   ☐ Shy/Shutdown
  - ☐ Fear-based bite history with humans
  - ☐ History of altercations with other animals
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**My dog will need to be alone:**

- ☐ Less than 4 hours a day   ☐ 4-8 hours a day
- ☐ 8-10 hours a day   ☐ 10+ hours a day

**The main ways I plan to exercise and socialize my dog will be: (check all that apply)**

- ☐ Leash walking   ☐ Jogging
- ☐ Free roam on property   ☐ Hiking/Outdoor activities
- ☐ Playtime in the yard   ☐ Going to the dog park
- ☐ Going to dog friendly establishments
- ☐ Other \_\_\_\_\_

**What is your strategy for addressing behavior issues:**

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**What would cause you to rehome this animal?**

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**Describe the personalities of your current pets (if any):**

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**I'm open to a dog with special needs (for behavior or medical reasons):**

- ☐ Yes   ☐ No   ☐ Maybe
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I certify that the above information is true. I understand that giving false information on this application is grounds for denying my application. I understand that this application remains the property of Kitsap Humane Society.

Signature: \_\_\_\_\_ Drivers License: \_\_\_\_\_ State: \_\_\_\_\_

**Internal Use Only:**

Approved for ID# \_\_\_\_\_ Name \_\_\_\_\_ Counselor Notes:

- ☐ Yes
- ☐ Yes, pending Meet and Greet w/ Resident(s)
- ☐ Yes, pending Meet and Greet w/ Resident Dog(s)
- ☐ No

Counselor(s) \_\_\_\_\_

*Meds to go home?* ☐ Yes ☐ No      *Vaccines up-to-date and recorded in SB?* ☐ Yes ☐ No

*Need Leash and/or Collar to go home?* ☐ Yes ☐ No