

Conway Area Humane Society ~ Dog Compatibility Survey

Thank you for coming to the Conway Area Humane Society. Please fill out this form completely so we may help you find your paw-fect match.

_____ CAHS# _____ DATE _____
Name of Animal(s) you are interested in adopting

Getting to know you . . .

Name _____ Drivers License # _____ State _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email Address _____

How long have you lived at this address? [] <6 months [] 6 mos - 2 yrs [] 2-5 yrs [] 5+ yrs

Do you plan on moving within the next year? [] yes [] no

If yes what will you do with your new pet?

Do you live in a: [] house [] apartment [] condo [] mobile on own land [] mobile in a park

Do you: [] own [] rent [] live with family [] live with friends/roommates

Are you at least 18 years old? [] yes [] no

We want to ensure that your new pet will be welcome and secure in its new home. Moving and landlord issues are two of the top five reasons pets are relinquished to shelters. Therefore the owner of the home, or property manager of the community you live in, must give permission for your new pet to move in.

If you own your own home, would you be willing to provide some form of home ownership verification?
[] yes [] no

If you do not own your own home:

Have you discussed adopting a pet with your landlord/parents/roommates?

[] yes [] no [] plan to after choosing a pet

Does your landlord require any pet deposit/fee/rent?

[] yes ~ not yet paid [] yes ~ already paid [] no [] unsure

Your landlord/parent/roommate/property manager's name(s) _____

And Phone Number _____

[] I can provide a copy of my lease/pet agreement

Employer _____

Amount of time spent at work each day (including travel time)

Spouse/Significant Other's

Employer _____

Amount of time spent at work each day (including travel time)

Your Paw-fect Match

Dog Experience

first time owner had 1 or 2 knowledgeable and experienced

Is anyone in the home nervous or unsure of dogs? very moderately n/a

Time away from home - *check all that apply*

home all day out part-time away 7-10 hours daily away for weekends frequent trips

What arrangements will you make for you dog while you are traveling?

Dog Habitat

Do you prefer a dog that will enjoy - *check all that apply*

living indoors being outside with supervision coming and going independently living outdoors

living in a barn or garage

Would you enjoy brushing or grooming a dog? rarely occasionally weekly daily

Home Atmosphere

very active/on the go noisy/a lot of frequent visitors some activity quiet/serene

Please describe the temperament and activity level you are looking for in a dog. *Check all that apply*

zippy/high energy mellow/easygoing very affectionate puppy-like responsive

independent talkative quiet

Bad dog habits you just can't tolerate are:

Your Household

Number of adults living in the household _____

Have all adults agreed to add a new dog to the household? [] yes [] no [] plan to discuss

Does anyone in the household have known allergies to dogs? [] yes [] no If yes, plans for coping with new dog are: _____

Ages of children living in the household or visiting frequently _____

Who will be primarily responsible for the care of your new pet? [] children [] adults [] other

Have you ever adopted from the Conway Area Humane Society? [] yes [] no

Have you ever adopted from any other animal shelter? [] yes [] no

If yes, which shelter? _____

Please tell us anything else you would like us to know about you or the dog you are looking for:

Your Pets

Please tell us about the pets you have now or have had in the past five years.

Name _____ Type/Breed _____

Age: [] <6 months [] 6 mos - 2 yrs [] 2-7 [] 7+ yrs

Sex: [] male [] female

Spayed/Neutered? [] yes [] no If no, why?

Animal stays where? *Check all that apply*

[] living indoors [] being outside with supervision [] coming and going independently

[] living outdoors [] living in a barn or garage

Do you still have this pet? [] yes [] no [] deceased [] went missing [] re-homed [] other

Explain _____

Name _____ Type/Breed _____
Age: [] <6 months [] 6 mos - 2 yrs [] 2-7 yrs [] 7+ yrs
Sex: [] male [] female
Spayed/Neutered? [] yes [] no If no, why?

Animal stays where? *Check all that apply*
[] living indoors [] being outside with supervision [] coming and going independently
[] living outdoors [] living in a barn or garage
Do you still have this pet? [] yes [] no [] deceased [] went missing [] re-homed [] other
Explain _____

Name _____ Type/Breed _____
Age: [] <6 months [] 6 mos - 2 yrs [] 2-7 yrs [] 7+ yrs
Sex: [] male [] female
Spayed/Neutered? [] yes [] no If no, why?

Animal stays where? *Check all that apply*
[] living indoors [] being outside with supervision [] coming and going independently
[] living outdoors [] living in a barn or garage
Do you still have this pet? [] yes [] no [] deceased [] went missing [] re-homed [] other
Explain _____

Name _____ Type/Breed _____
Age: [] <6 months [] 6 mos - 2 yrs [] 2-7 [] 7+ yrs
Sex: [] male [] female
Spayed/Neutered? [] yes [] no If no, why?

Animal stays where? *Check all that apply*
[] living indoors [] being outside with supervision [] coming and going independently
[] living outdoors [] living in a barn or garage
Do you still have this pet? [] yes [] no [] deceased [] went missing [] re-homed [] other
Explain _____

Have you ever taken an animal to a shelter? [] no [] yes
Circumstances: _____

Who is your current Veterinarian/Vet Clinic? _____

City _____ State _____ Phone _____

Are your pets current on their vaccinations? [] yes [] no [] unsure

Past Veterinarian or a personal reference:

City _____ State _____ Phone _____

Other Questions - Please check the items you would like your matchmaker to discuss with you in detail.

Health: [] vaccinations [] diseases [] fleas [] worming

Behavior: [] scratching/digging [] leash training [] housebreaking [] rough play [] crate training
[] environmental enrichment [] jumping [] barking

Care: [] feeding [] grooming [] ID tags/collar [] microchipping [] exercise

Other: [] fencing - underground, above ground [] adjustment to a new home [] dogs & kids
[] introduction to other pets [] dog runs/outside kennels [] training

By signing below, I certify that the information I have given is true. I authorize the CAHS to investigate any or all statements as deemed necessary, including veterinary records. I would be willing to have a CAHS representative come to my home to check on the well-being of my adopted animals. Further, I understand that this survey is the property of the CAHS, and the CAHS has the right to approve or decline adoptions as it deems appropriate.

I understand that adopting a dog or a puppy may be a 10 to 20 year commitment. I am responsible for assuming the expenses of providing veterinary care, quality food, grooming, and so forth, and if I cannot meet the needs of this dog or puppy, I will return him/her to the shelter.

Signature _____ Date _____

For Staff Use:

Dog's Name _____

ID # _____

Dog's Name _____

ID # _____

Dog's Name _____

ID # _____

Dog's Name _____

ID# _____

Comments:

Landlord/Property Manager:

Veterinarian:

Other References:

Other Comments:

Approved Denied

Date _____

CAHS Matchmaker _____