

# DOG ADOPTER SURVEY 2015

Conway Area Humane Society

First name	Last Name	date	
mailing address			
physical address			
Rent	Own	(circle one)	
home phone	work phone	cell phone	
email address			
1	Do you have any experiece caring for a dog?	yes	no I currently own
2	The last time I owned a dog	2 to 10 years ago	10+
3	My dogs needs to get along with other dogs ? yes? Name, breeds and ages	yes	no
	1	2	3
4	My dog needs to get along with cats elderly people	children under 8 other animal(s)	children over 8
5	My dog will primarily be	inside	outside
6	How many hours will your dog spend outside per day _____		
7	My Dog will need to be able to left alone (per day)	less than 2 hours	2 to 4 hours 4 to 8 hours 8 + hours
8	List the name of the veterrarian's office for your current or prior pets		
9	When I'm home, I want my dog to be with me or my family	all the time	some of the time little of the time
10	When I am not home my dog will stay	in the garage in the basement	In the yard free roaming In the home Confined one room
	In a crate in the home	Do you need information on crate training?	
11	I want my dog to be	family member	companion
	guard dog hunting dog	best friend	working dog
12	I want my dog to greet and show affection to the people he/she meets		
	All the time	Some of the time	Not at all
13	I want my dog to be	calm and mellow	laid back
	playful some of the time	very playful	high energy and playful
14	I am willing to work on training my dog to improve manners and socialization		
	not at all	some training	a lot of training
	I am willing to take my dog to classes or a professional for training for		
	Obedience	Socialization	Agility Play groups
15	I am willing to work with a dog with special needs in		
	medical	yes no	behavioral yes no
16	It is most important to me that my dog _____		
17	I would like information on how to save on these products		
	Heart worm preventative	Flea and Tick preventative	Life guarenteed leash & collar