



Lifestyle Assessment - Dogs

****PVHS reserves the right to deny adoptions for any reason if they feel adopter is not suitable****

Date: _____	Name of Dog Interested In: _____
Full Name: _____	Email Address: _____
Address: _____ (if rural, list <i>both</i> physical & mailing address)	City/Town/RM: _____ Prov: _____ P. Code: _____
Ph #: _____	Alt Ph #: _____ Are you 18 yrs of age or older? _____
Preferred Contact Method (Phone/Email): _____	Best time of day to be reached: _____

Full names of all adults who reside in the residence: _____

Full Names and the ages of all children under 18 yrs: _____

Does anyone in the home have allergies to pets? _____

Did all household members participate in this decision? _____

Who will be primarily responsible for the care of your new pet? _____

Why do you want to adopt? Family Pet / Guard Dog or Protection / Hunting / Gift / Other: _____

Do you live in a: House / Apartment / Condo / Mobile Home / Other _____ For How long? _____

Do you: Own / Rent / Live with Parents / Other: _____

What qualities are important to you for your next dog? _____

(example: *calm, housetrained, athletic, affectionate, good with cats/kids/dogs, etc.*)

How much time will the dog be alone? Hours per day: _____ Days per week: _____

Where will your dog be kept when home alone? Indoors / Outdoors / Barn / Garage/ Other: _____

Where will the dog be kept at night? Indoors / Outdoors/ Other: _____

If your dog will be kept mainly outdoors, please describe accommodations for the dog:

Type of confinement: Fully fenced yard (ht _____) Dog Run / Tied up /Crate or Kennel / Loose on Property / Undecided

How/where will the dog receive exercise? _____

How often? _____

How many pets have you had in the last 5 years? Dogs: _____ Cats: _____ Other: _____

How many pets do you currently live with?

Number of Dogs: _____ Type/Breed(s): _____ Age(s): _____

Number of Cats: _____ Type/ Breed(s): _____ Age (s): _____

Other: _____



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What types of training methods are you looking to use with your dog?

Are your pets spayed/neutered? Yes / No If not, why? _____

Are your pets up to date on vaccines? Yes / No If not, why? _____

Which veterinary clinic would have records (past/present)? _____

Which veterinary clinic will you take your new pet to? _____

Have you ever had to return or re-home a pet? If so, why? _____

Only 1 reference can be a relative & that relative must not live with you. All references must be 18 years of age or older.

** If references do not call back before 72 business hours after initial contact we will move on to the next applicant**

Reference #1:

Name: _____ Relationship: _____

Contact Phone #: _____ Email Address: _____

Best time of day to be reached: _____

Reference #2:

Name: _____ Relationship: _____

Contact Phone #: _____ Email Address: _____

Best time of day to be reached: _____

Veterinarian:

Name: _____

Contact Phone #: _____ Email Address: _____

Best time of day to be reached: _____

Landlord:

Name: _____

Contact Phone #: _____ Email Address: _____

Best time of day to be reached: _____

A dog/cat can live well over 10 years and requires a major amount of time, exercise, finances and emotional stimulation. Do you feel you can make that kind of long-term commitment at this time? _____

Please check off **at least 2** areas would like to discuss with the shelter manager:

Introducing new dog to other pets

Diet/Nutrition

Toys/Enrichment

Kids & Dogs/Puppies

Obedience Training

Pet Identification

Housetraining

Proper Socialization

Kennel/Crate Training

Shelter Use Only

Approved: Yes / No Date Approved: _____ Manager _____ Assistant Manager _____

Comments: _____
