



# LIFESTYLE ASSESSMENT - DOGS

**\*\*THE PVHS RESERVES THE RIGHT TO DENY ADOPTIONS FOR ANY REASON IF THEY FEEL THE ADOPTER IS NOT SUITABLE\*\***  
**\*ID MUST BE PRESENTED IF APPROVED FOR ADOPTION AND A COPY WILL BE KEPT ON FILE\***

Date: \_\_\_\_\_ Dog Interested In: \_\_\_\_\_

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if rural, list BOTH physical & mailing) \_\_\_\_\_

City/Town/RM \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Preferred Contact Method: PHONE / EMAIL \_\_\_\_\_ Best time to reach: \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? YES / NO (circle)

Full names of all adults who reside at this address: \_\_\_\_\_

Full names and ages of children under 18 years: \_\_\_\_\_

Does anyone in the home have allergies to pets? YES / NO

Did all household members participate in this decision? YES / NO

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

Why did you want to adopt? FAMILY PET / GUARD DOG OR PROTECTION / HUNTING / GIFT / OTHER

Type of housing: HOUSE / APARTMENT / CONDO / OTHER: \_\_\_\_\_ For how long? \_\_\_\_\_

Do you... OWN / RENT / LIVE WITH FAMILY / LIVE WITH ROOMMATES / OTHER: \_\_\_\_\_

What qualities are important to you for your new dog? (ie calm, housetrained, affectionate, good with other animals/kids, athletic)

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

Where will the dog be kept when home alone? INDOORS / OUTDOORS / BARN / GARAGE / OTHER: \_\_\_\_\_

Where will the dog be kept at night? INDOORS / OUTDOORS / OTHER: \_\_\_\_\_

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

Type of confinement: FULLY FENCED YARD (ht \_\_\_\_\_) / DOG RUN / TIED / CRATE or KENNEL / LOOSE / UNKNOWN

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 own?

DOGS \_\_\_\_\_

TYPE/BREED \_\_\_\_\_

AGE \_\_\_\_\_

CATS \_\_\_\_\_

TYPE/BREED \_\_\_\_\_

AGE \_\_\_\_\_

OTHER \_\_\_\_\_

What types of training methods will you use with your dog? \_\_\_\_\_

Are your pets spayed/neutered? YES / NO

If no, why? \_\_\_\_\_

Are your pets up to date on vaccines? YES / NO

If no, why? \_\_\_\_\_

Which vet clinic would have records (past/present)? \_\_\_\_\_

Which vet clinic will you take your new pet to? \_\_\_\_\_

Have you ever had to rehome a pet? If so, why? \_\_\_\_\_

**\*Only ONE reference can be a relative, and 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 hours after initial contact, we will move to the next applicant.\***

**REFERENCE 1**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to reach: \_\_\_\_\_

**REFERENCE 2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to reach: \_\_\_\_\_

**VETERINARIAN**

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Best time to reach: \_\_\_\_\_

**LANDLORD (if applicable)**

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Best time to reach: \_\_\_\_\_

A dog can live to be well over 10 years of age and requires a commitment of time, exercise, finances, and emotional stimulation.

**DO YOU FEEL YOU CAN MAKE THAT KIND OF LONG-TERM COMMITMENT AT THIS TIME? YES / NO**

Please check off all areas (minimum 2) you would like to discuss with Shelter Management:

Introducing dog to other pets \_\_\_\_\_

Diet/Nutrition \_\_\_\_\_

Toys/Enrichment \_\_\_\_\_

Kids & Dogs/Puppies \_\_\_\_\_

Obedience Training \_\_\_\_\_

Pet Identification \_\_\_\_\_

Housetraining \_\_\_\_\_

Socialization \_\_\_\_\_

Kennel/Crate Training \_\_\_\_\_

***SHELTER USE ONLY***

APPROVED: YES / NO

Date Approved: \_\_\_\_\_

Manager: \_\_\_\_\_ Assistant Manager: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_