

CREDE'S CAUSE

ANIMAL ADOPTION QUESTIONNAIRE

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Cell: _____

Email: _____

License/ID _____ Birthdate: _____
(mm/dd/yyyy)

YOUR FAMILY

- Who are you adopting this dog for?
☐ Myself ☐ Other: _____
- Number of adults (18 + years) at home: _____
- Number of children at home: _____
_____ 0 - 7 years _____ 8 - 17 years
- Any visiting children? ☐ Yes ☐ No
- Any allergies in the family? ☐ Yes ☐ No
- How busy is your family's schedule?
☐ Very busy ☐ Busy ☐ Not busy
- How would you describe yourself?
☐ Nervous ☐ Loud ☐ Calm ☐ Quiet
- Are you planning on the following in the next month?
☐ Moving ☐ Holiday ☐ Change in schedule
- Where will your dog stay during holidays?
☐ At home with care ☐ Boarding ☐ Other

YOUR HOME

- What type of home do you live in?
☐ Acreage ☐ House ☐ Apartment
- Do you: ☐ Own ☐ Rent
- Do you have your landlord's/strata's permission to have pets?
☐ Yes ☐ No
Please provide us with contact information for your landlord or a copy of your strata by-laws: _____

Checked by the BC SPCA ☐ Yes, please initial: _____

- On average, how many hours will your dog be alone on:

Weekdays _____ Weekends _____

- Where will your dog stay during the day?
☐ Loose in the house ☐ Crated inside ☐ Garage
☐ Fenced kennel/run ☐ Fenced yard ☐ Loose outside
☐ Other _____

- Where will your dog stay during the night?
☐ Loose in the house ☐ Crated inside ☐ Garage
☐ Fenced kennel run ☐ Fenced yard ☐ Loose outside

FOR OFFICE USE ONLY

Date: _____ Shelter: _____

Staff Full Name: _____

Dog's Name: _____ SB No.: _____

Approved: ☐ Yes ☐ No ☐ Pending

Reason: _____

GENERAL INFORMATION

- Who will have the primary responsibility for this dog?

- Have you had dogs before? ☐ Yes ☐ No
- What happened to them?

- Have you surrendered or given away a pet? ☐ Yes ☐ No
If yes, please provide the reason: _____

- How many hours of exercise can you give your dog?
Weekdays _____ Weekends _____
- What would you enjoy doing with your dog?
☐ On-leash walking ☐ Off-leash walking ☐ Off-leash parks
☐ Jogging ☐ Cycling ☐ Other
- Approximately how much do you think your dog will cost you per year?
Vet/medical _____ Food _____
Boarding _____ Grooming _____

YOUR PETS

- Are there other dogs in your household? ☐ Yes ☐ No
If yes, please list them:

Name	Breed	Age	Sex	Fixed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- Do you have other pets in your household? ☐ Yes ☐ No
If yes, please list them:

Name	Type	Age	Sex	Fixed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- Please provide the name and phone number of your vet:

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TELL US WHAT YOU ARE LOOKING FOR

Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> No preference	
Coat:	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Non-shedding <input type="checkbox"/> No preference
Age:	<input type="checkbox"/> Puppy	<input type="checkbox"/> Adult	<input type="checkbox"/> Senior	<input type="checkbox"/> No preference
Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> No preference
Breed/Type/Colour:				

PROBLEMS YOU ARE WILLING TO WORK ON

<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Excitability	<input type="checkbox"/> Mild aggression	<input type="checkbox"/> Obedience	<input type="checkbox"/> House training	<input type="checkbox"/> Fearfulness
<input type="checkbox"/> Reaction to other dogs	<input type="checkbox"/> Barking	<input type="checkbox"/> Vocalization			
<input type="checkbox"/> I am not willing to work on any problems					
<input type="checkbox"/> I need more information to decide					

I WOULD LIKE MY DOG TO:	VERY IMPORTANT	QUITE IMPORTANT	NOT IMPORTANT
Be friendly with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors to the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being petted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOME DOGS WILL REQUIRE TRAINING	YES	NO	NOT SURE
I need a dog that is already trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am first time dog owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have obedience trained before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lots of experience and could handle a difficult dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under what circumstances would you return your dog?	
<input type="checkbox"/> Moving	<input type="checkbox"/> Too costly <input type="checkbox"/> New baby <input type="checkbox"/> Aggression <input type="checkbox"/> Medical reasons <input type="checkbox"/> Not enough time
<input type="checkbox"/> Behaviour problem	
Comments:	
Have all the members of your household met the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of neglect or cruelty to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to have a Crede's Cause representative do a home visit by appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, why?	

FALSIFIED INFORMATION WILL LEAD TO AUTOMATIC REJECTION OF THE APPLICATION. CREDE'S CAUSE RESERVES THE RIGHT TO REFUSE ANY APPLICANT.

I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship.

Applicant signature: _____ Date: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
THIS INFORMATION WILL HELP US MATCH YOU WITH THE RIGHT PET FOR YOUR FAMILY.
Crede's Cause