



Cleveland Animal Protective League

"Making Happily Ever Afters Since 1913"

Dog Adopter Survey



Today's Date: / / First Name: Last Name:

Address Apt. #

City State Zip Code

Primary Phone () Secondary Phone ()

Email Address

Do you rent or own your home? Own Renting/Sharing housing
 Rent *Landlord Name/Number _____

Are there any restrictions on animal ownership at your residence? (YES NO) If yes, circle one: Weight /Species / City (Explain) _____

Have you had a dog before? Yes No This dog is for: Myself My family A gift

Please list the pets currently living in your home:

Name	Species/Breed	Age	Spayed/Neutered	Last Vaccinated
			Y/N	
			Y/N	
			Y/N	
			Y/N	

*Do you currently have a veterinarian for your animals? (YES NO) If so, who and where?

Please list the people currently living in your home:

Name	Relationship	Age
Self		

What qualities are you looking for in your new pet? Check all that apply

- Comfortable with children ages: _____
- Housebroken Good with cats Cuddly/Affectionate
- Protective/Guard Dog Quiet/doesn't bark No health issues
- Good with other dogs Mellow Playful/Energetic
- Trained Can be alone for _____ hours or more Other _____

This dog will be: Indoor Only Indoor/Outdoor Outdoor Only

Please check any topics you may have questions/concerns about that you would like to discuss with us:

- Jumping on people Dogs and children Exercise and playtime recommendations
- Introducing to other pets Allergies Veterinary care
- Housebreaking Training needs Microchipping Other _____

It's most important to me that my dog is _____

How did you hear about the Cleveland APL? _____

For internal use only

Staff Initials: _____

Met with: _____ (Person Number) _____

***Driver's License Information:**

Identification Number	DOB	Address

Counseled On:

Behavior	Adjustment Time	Post-Operative	Training
Pet Introduction	Illness	Housebreaking	

Notes:

Was "Where did you hear about us?" answer logged?

No

Yes