

Who are you interested in? _____ Date of Application: _____ Staff Initials _____

1. What best describes your experience with owning a dog?

<input type="checkbox"/> Never Owned	<input type="checkbox"/> I have owned a dog but has been over a year	<input type="checkbox"/> I have owned a dog in the last year, but no longer own	<input type="checkbox"/> I currently own a dog(s)
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2. I would describe my household as:

<input type="checkbox"/> A place with constant activity and noise	<input type="checkbox"/> Half Activity and Noise/Half Quiet	<input type="checkbox"/> Quiet, Neat and Tidy.	OTHER:
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3. My dog must be good with (check all that apply):

<input type="checkbox"/> Cats	<input type="checkbox"/> Dogs	<input type="checkbox"/> Kids	<input type="checkbox"/> Other (Specify below):
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4. When I am at home, my dog will be:

<input type="checkbox"/> In the Garage	<input type="checkbox"/> Indoor/Outdoor	<input type="checkbox"/> Confined to one room in the house	<input type="checkbox"/> Loose in the house
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5. I want a dog that (Check all that apply):

Interacts with house guests: <input type="checkbox"/> All of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	Can be alone: <input type="checkbox"/> More than 9 hours per day <input type="checkbox"/> 4-8 hours per day <input type="checkbox"/> Less than 4 hours per day	Is by my side: <input type="checkbox"/> All of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not so much	Enjoys being held: <input type="checkbox"/> All of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not important
Enjoys being with Children: <input type="checkbox"/> All of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not important	Is Talkative: <input type="checkbox"/> All of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not important	Training needs: <input type="checkbox"/> No training <input type="checkbox"/> Some training <input type="checkbox"/> A lot of training <input type="checkbox"/> Not important	Can adjust to new situations: <input type="checkbox"/> All of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I'm open to a dog with special/medical needs
Can go outside: <input type="checkbox"/> All of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never			

Applicant Name: _____

Address: _____

Landlord/Rental Agency Info if applicable: _____

Phone Number: _____

Veterinary information: _____

Pets owned:

Staff Notes:

