

dog adopter survey



first name	last name	date
address		apt. #
city	state	zip
home phone ()	cell phone ()	email

1	I have owned a dog before.	YES	NO		Currently own dog(s)
2	The last time had a dog was...	2-10 years ago	10 years +		Not currently, but within the past year
3	My dog needs to get along with other dogs.	NO			YES
		If yes, list names, ages, genders and breeds: _____			
4	My dog needs to be good with: (check all that apply)	Children over 8 years old	Children under 8 years old	Elderly People	Cats Animals other than dogs and cats
5	My dog will primarily be an....	Inside dog			Outside dog
6	How many hours will your dog spend outside per day?				_____ hours
7	My dog needs to be able to be alone (per day)...	4 hours or less	8-10 hours	4-8 hours	2 hours or less 12 hours
8	When I'm at home, I want my dog to be by my side....		All of the time	Some of the time	Little of the time
9	When I'm not at home, my dog will spend her time...	In the garage In a crate in the house	In the yard		Loose in the house Confined to one room in the house
10	I want a guard dog.	NO			YES
11	I want my dog to hunt or herd with me.	NO			YES
12	I want my dog to be the type that is very enthusiastic in the way she shows she loves people.		Not at all	Somewhat	Very
13	I want my dog to be playful.		Not at all	Somewhat	Very
14	I want my dog to be laid back.		Very	Somewhat	Not at all
15	I am comfortable doing some training with my dog improve manners such as jumping, stealing food, and pulling on the leash.		No training	Some training	A lot of training
16	I (or my children) want to participate in Agility, Flyball or Obedience with our dog.			NO	YES
17	I am interested in a dog with "special needs" (medical or behavioral)			NO	YES
18	It's most important to me that my dog _____				
FOR OFFICE USE ONLY					

Permission for Adoption Follow-up? *Yes No*

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

Emergency Contact (Microchip): Name _____ Phone number _____

_____ Yes, I consent to the release of my name and telephone number to anyone that finds my pet.

_____ No, I prefer that communication only be through 24PetWatch.

Are you over 18 years of age? *Yes No* Are you over 60 years? *Yes No*

Are you a member of any branch of the U.S. military (active, reserve, or veteran)? *Yes No*

In which type of home do you live? *House Mobile Home Apartment Duplex Condo Other*

Do you *Own* or *Rent* your home? Landlord's Name/Phone #: _____

Pet History: List pets **currently owned**, including small caged pets.

Animal Type (dog, cat, other)	Name	Breed	Age	Sex M/F	Spayed or Neutered? (Y or N)	Kept Indoors? Or Outdoors?	How long owned?	Own now? Or Why Gone?

Name of Current Veterinarian or Clinic _____ Phone Number _____

Under whose name and what address are records kept? _____

Please circle topics you would like to discuss today.

- Housetraining Indoors vs Outdoors Separation anxiety Chewing
- Introducing to other pets Crate training Vaccines Exercise needed
- Preventative Care Animal laws Dogs and Children Escaping Other

Certifications, Authorizations, Releases, and Understandings

1. I certify that all statements on this Adoption Application are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being allowed to adopt from Humane Society of West Michigan.
2. I authorize Humane Society of West Michigan to contact my reference(s), my veterinarian(s) and anyone else Humane Society of West Michigan deems necessary to confirm how I have cared for my companion animals and/or how I am likely to care for any companion animal(s) I adopt from Humane Society of West Michigan.
3. I authorize my veterinarian(s) to release to Humane Society of West Michigan all veterinary records of the animals I own or have owned.
4. I understand that, with proper care, dogs can live 10 years or more and I am prepared to commit myself to the long-term care and protection of any animal I adopt from Humane Society of West Michigan.
5. I understand that animal(s) I adopt from Humane Society of West Michigan may require veterinary medical or health treatment beyond that provided by Humane Society of West Michigan prior to my taking the animal(s) home. Such additional veterinary medical treatment could be costly. I acknowledge that Humane Society of West Michigan is not responsible for providing any additional veterinary treatment or the incurring cost of any additional veterinary treatment provided by veterinarians I select to provide such treatment.

6. I will not sell or give away animal(s) I adopt from Humane Society of West Michigan (HSWM). As long as I live in the service area of HSWM, I agree to return the animal (s) to HSWM in the event I cannot keep or chose not to keep the animal(s). If I move from the area, I agree to take the animal(s) to the local humane society or comparable local animal welfare organization. You may return the animal to HSWM within 30 days of adoption at no charge. During that time, you may exchange for another animal. After 30 days, you will be assessed a transfer of care fee of \$20 and will not be offered an exchange.
7. I understand that the handling of animals that I may meet may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, my heirs personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the Humane Society of West Michigan and its directors, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my meeting an animal for the purpose of adoption.

Date

Applicant's Signature

COMMON HEALTH PROBLEMS TO WATCH FOR IN DOGS

Distemper

Distemper is a very contagious virus that can be transmitted from dog to dog by toys, bowls, bedding, our clothing/shoes or even our hands. The disease begins with goeey eye and nasal discharge, fever, poor appetite, coughing and development of pneumonia. The virus will then cause vomiting, diarrhea, a hardening of the nose and foot pads, eventually progressing to seizures or other neurological symptoms and death.

Distemper is difficult to treat therefore the best defense is regular and proper vaccinations through a veterinarian.

“Kennel Cough”

Kennel cough is a term used to cover the large number of viruses that cause upper respiratory issues like coughing, sneezing, and eye discharge. The symptoms in any particular dog may be caused by one or more of these viruses, all of which are airborne and very contagious. Since these are viruses, antibiotics will not help the patient get better faster but in some cases they are needed to treat secondary infections. If you suspect kennel cough your regular veterinarian will be able to help you. Vaccines are available for some of the viruses, but not all.

Parvovirus

Parvovirus is a severe contagious intestinal disease that causes intense vomiting, bloody diarrhea and fever. The onset can be sudden and requires veterinary care immediately. Proper vaccinations are the only protection from this virus which is fatal most of the time. Puppies and elderly dogs that are not current on their vaccines are the most likely to become infected.

Heartworm

Heartworms are exactly what they sound like, worms that live in a dog's heart. They are transmitted by mosquitos. As they grow larger in the heart, lungs and major blood vessels (they can be up to 14 inches long!) they restrict blood flow to other important organs such as the liver, kidneys and brain. Signs of heartworm disease can vary greatly; they include: weakness, coughing, lethargy, and labored breathing. Untreated heartworm disease is fatal. Treatment can be both expensive and very hard on the dog's body. There is no guarantee that the treatment itself won't be fatal. Therefore the best option is to prevent heartworms with a monthly preventative pill or topical given every 30 days, year round, for the life of the dog.

THE DOG YOU MAY WANT TO ADOPT HAS BEEN EXPOSED TO VIRUSES, PERHAPS BEFORE HE WAS BROUGHT HERE, BUT MOST CERTAINLY AFTER HE ARRIVED. We receive owned and stray animals and rescue sick, injured and abandoned ones. For some of the owned animals, we will have veterinary records. However, most of the dogs we receive will have no medical or veterinary records with them. In effort to keep the dogs healthy while here, we maintain a clean kennel, keep fresh air circulating throughout the animal housing area, and give the dogs protective shots. Each dog receives a DA2PP, which attempts to protect him from Distemper, Adenovirus Type 2, Parvovirus, and Parainfluenza. He also receives a Bordatella vaccine that further protects against one strain of Kennel Cough.

However, even an inoculated dog could become ill with any of the above conditions because inoculations do not provide immediate protection and because the dog may have been incubating the condition before being admitted to the shelter.

THERE IS SIMPLY NO GUARANTEE THAT THE ANIMAL YOU ADOPT MAY NOT BECOME SERIOUSLY ILL AFTER YOU HAVE TAKEN IT HOME.

In their incubation stage, viruses are not detectable. Therefore, an adopted animal may look healthy on the day of adoption and begin to show symptoms of his illness a few days later – at your home.

Apart from the measures we take in trying to keep shelter animals healthy, there are no other reasonable, affordable precautions that we can take to prevent your pet from becoming ill after adoption. We want you to be forewarned that there is a chance the animal you adopt may require extensive post-adoption veterinary care.

Please read and sign the following STATEMENT OF UNDERSTANDING:

I understand that the animal I am interested in adopting has the potential to require medical treatment that could result in significant veterinary medical bills. I will not hold Humane Society of West Michigan accountable for the cost of such treatment as the dog may require after adoption.

Signature: _____

Date: _____

Do you consent to Pethealth Inc. collecting and using your personal information (phone and email) for the purpose of contacting you with commercial electronic messaging and telephone communications (including contacting you regarding the Gift of Insurance)? Please check yes/no.

Yes___ No___

Signature:_____