



Longmont Humane Society **Dog** Adopter Survey

Today's Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____

Secondary Phone: (____) _____ - _____

E-mail address: _____

Have you adopted from Longmont Humane Society before?

Yes No

Type of dwelling: House Apartment

Mobile/Modular home Other _____

Do you: Own Rent

Landlord's name: _____

Landlord's phone: (____) _____ - _____

Do/have you owned pets in the past five years?

Yes No

Number and Ages of Children living in/frequently visiting your home:

Number of Dogs currently at home: _____

Number of Cats currently at home: _____

Other Animals currently at home: _____

Mark traits you WANT in your dog:

- Good at dog parks Independent Athletic
- Likes dogs Confident Affectionate Alert barking
- Guard dog Housetrained Likes cats
- Agility Good with livestock Couch potato
- Strong drives (hunt, herd, retrieve, etc.)
- Other: _____

Who will be your new dog's primary caretaker?

On average, how long will your dog be left alone during the day?

Where will your new dog spend its time when left alone during the day? Crated Loose in house In yard

Other: _____

Where will your new dog sleep at night?

Crated Loose in house In yard

Other: _____

What is the height of your fence? _____ ft.

Solid wood Chain link Invisible Picket

Other: _____

No fence, dog loose on property

No fence, dog will be walked on a leash

Do you currently have a veterinarian?

No Yes, who _____

We would like to offer you a 30-day free trial of pet health insurance for your new companion! Insurance activation and policy information may be provided via e-mail, mail, and telephone. By marking yes, you are agreeing to receive an enrollment code, and to have Pethealth Services and PTZ Insurance Agency Ltd access your contact information. If not, please understand that the trial of insurance will not be provided.

Yes No

LHS offers 25% -15% off classes for our adopters! Are you considering dog training classes?

Yes No

Staff Use Only

P#: _____ Name & Address Verification

Handouts

<input type="checkbox"/>	Crate Training	<input type="checkbox"/>	Dog Adoption Packet
<input type="checkbox"/>	Dog-Cat Intro	<input type="checkbox"/>	Dog-Dog Intro
<input type="checkbox"/>	Dog-Kid Intro	<input type="checkbox"/>	Dog Social Scale
<input type="checkbox"/>	Housetraining	<input type="checkbox"/>	PBTD
<input type="checkbox"/>	Pet as Gift	<input type="checkbox"/>	Photo Consent
<input type="checkbox"/>	Puppy Rule of 12	<input type="checkbox"/>	Rabies Voucher
<input type="checkbox"/>	Resource Guarding	<input type="checkbox"/>	Separation Anxiety
<input type="checkbox"/>	Surgery Instructions	<input type="checkbox"/>	Toxic Foods
<input type="checkbox"/>	Wariness	<input type="checkbox"/>	WPC Info