



LONGMONT HUMANE SOCIETY PETS AND PEOPLE PROFILE (DOGS)



**Longmont
Humane
Society**

To be assured that the dog you wish to adopt is best suited to you, your home, and your lifestyle and is placed in an environment that is compatible with his/her needs, we ask that you complete this profile.

Guardian Information						
Date	Name	Driver's License #		DOB		
Address			City, State		Zip	
Mailing Address			City, State		Zip	
Home Phone		Employer		Occupation	Work Phone	
E-mail Address		Type of Dwelling				
		<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Mobile home				
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Landlord's Name and Phone #				
Rate the level of activity in your home:						
Very quiet	1	2	3	4	5	Very active

How did you learn about Longmont Humane Society? (please be specific)
How did you learn about this particular animal? (if applicable)

Household Information (Please name all current members, giving the ages of all children.)		
Names of Adults	Names of Children	Ages of Children

Current Dogs and Cats in Household					
Pet's Name	Type/Breed	Male/ Female	Age	Spayed/Neutered (yes/no)	Time lived in home

Do you have any of the following (please check): Ferrets Rabbits Birds Reptiles
 Small Mammals Livestock (poultry, cows, pigs, goats, horses, etc.)

What type of animals have you lived with as an adult? Dogs Cats Birds
 Rabbits Reptiles Small Mammals Ferrets Livestock Other _____

What is your experience with dogs? Never had one previously Have had one or two
 Had dog(s) as a child Knowledgeable and experienced

If you currently have a pet, who is your veterinarian? _____

I want to adopt a pet at this time because _____

Have you ever engaged in any dog-related sports, hobbies, work or other activities?
 Yes No If yes, what are they? _____

Have you ever adopted from a shelter? Yes No What kind of pet? Dog Cat Other

Have you ever given a pet to a shelter? Yes No What kind of pet? Dog Cat Other

Which of these have you experienced with a pet: Lost Stolen Ran Away Other _____

Have you ever moved with pets? Yes No

Would you expect to take the pet with you if you move again? Yes No Depends

Have you had a dog die on your premises in the last 3 months of a contagious disease? Yes No
 If yes, what disease: Parvo Distemper Other _____

HELP US HELP YOU FIND THE DOG BEST SUITED TO YOU, YOUR HOME AND YOUR LIFESTYLE.

Type of pet desired					
Breed/Type:					
Age:	<input type="checkbox"/> Under 4 months	<input type="checkbox"/> 4 mos. - 1 year	<input type="checkbox"/> 1 year - 10 years	<input type="checkbox"/> 10+ years	<input type="checkbox"/> Doesn't Matter
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Doesn't Matter		
Size in pounds:	<input type="checkbox"/> Less than 20	<input type="checkbox"/> 20-50	<input type="checkbox"/> 51-90	<input type="checkbox"/> 90 or more	
Coat Type:	<input type="checkbox"/> Non-shedding	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Doesn't Matter

Check all the qualities you WANT in your dog:						
<input type="checkbox"/> Independent	<input type="checkbox"/> Athletic	<input type="checkbox"/> Likes Dogs	<input type="checkbox"/> Confident	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Protective	<input type="checkbox"/> Very Active
<input type="checkbox"/> Enjoys Young Children	<input type="checkbox"/> House Trained	<input type="checkbox"/> Likes Cats	<input type="checkbox"/> Good with Livestock	<input type="checkbox"/> Moderately Active	<input type="checkbox"/> Strong Drives (hunt, herd, retrieve)	<input type="checkbox"/> Other _____

Next, check any traits you prefer NOT to see in your dog:					
<input type="checkbox"/> Noisy	<input type="checkbox"/> Dislikes Cats	<input type="checkbox"/> Dislikes Dogs	<input type="checkbox"/> Dislikes Children	<input type="checkbox"/> Escapes	<input type="checkbox"/> Separation Anxiety
<input type="checkbox"/> Excitable	<input type="checkbox"/> Submissive	<input type="checkbox"/> Chases Livestock	<input type="checkbox"/> Demanding of Attention	<input type="checkbox"/> Dominant	<input type="checkbox"/> Not House Trained
<input type="checkbox"/> Timid	<input type="checkbox"/> Plays Roughly	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Independent	<input type="checkbox"/> Strong Drives (hunt, herd, retrieve)	<input type="checkbox"/> Other _____

Who will be your dog's primary caretaker? _____

How will your dog be cared for while you are away from home for an extended period of time?

How much time per day, on average, will the dog be without human supervision?

Less than 2 hours 2-6 hours 6-8 hours More than 8 hours

Where will the dog be kept when you are away from home? House Yard Yard with dog door
 Crate Crate at first, then run of house Dog-proof room Basement/garage Doggie day care
 On tether Pen with dog house Other _____

Where will the dog be kept when you are at home? House Yard Yard with dog door Crate
 Crate at first, then run of house Dog-proof room Basement/garage Pen with dog house
 On tether Other _____

If you have a secure yard, what is the fence height? _____ Fence type: Solid wood Chain link
 Woven wire Barbed Wire Electric Invisible Picket

Under what circumstances can you envision giving up a pet?

Moving, unable to take Allergies Animal not adjusting Unacceptable behavior Escaping
 Medical problems Never Other _____

Are you considering attending dog training classes? Yes No

What kind of information would be helpful to you and your dog:					
<input type="checkbox"/> House Training	<input type="checkbox"/> Traveling	<input type="checkbox"/> Breed/Type Information	<input type="checkbox"/> Dog Activities	<input type="checkbox"/> Crate Training	
<input type="checkbox"/> Escaping	<input type="checkbox"/> Digging	<input type="checkbox"/> Chewing	<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Local Ordinances	<input type="checkbox"/> Adjusting to Home
<input type="checkbox"/> Age/Development Information	<input type="checkbox"/> Moving with Dogs	<input type="checkbox"/> Health & Nutrition	<input type="checkbox"/> Training Methods & Philosophy	<input type="checkbox"/> Dog Parks & Off-leash Areas	
<input type="checkbox"/> Suggestions for Pet Professionals (groomers, pet sitters, boarding facilities, doggie day care, trainers, behaviorists, etc.)					
<input type="checkbox"/> Other: _____					

I understand the average cost to care for a dog is \$400 - \$600 per year including vaccinations, license, food, grooming, boarding and medical care. _____ (initial here)

I certify that the information I have given is true and I understand that false information may result in the nullification of this adoption. Longmont Humane Society reserves the right to refuse an adoption. This completed form is the property of the Longmont Humane Society and is not to be removed from the premises.

Signature _____

Would you like to make a donation to help the homeless pets at the Longmont Humane Society?
Yes I would like to contribute \$ _____. No

Staff Notes

Reviewed: Date: _____ Staff Name: _____ Flag checked?

Animal Name: _____ Number: _____ Breed/Sex: _____

Hold: 1st 2nd From: _____ To: _____ Time: _____

Reason for Hold: 1st Hold LLA Verify Address Need ID Family Meet
 Roommate Meet Dog Meet Blood/Health Tests S/N Other _____

Reviewed: Date: _____ Staff Name: _____ Flag checked?

Animal Name: _____ Number: _____ Breed/Sex: _____

Hold: 1st 2nd From: _____ To: _____ Time: _____

Reason for Hold: 1st Hold LLA Verify Address Need ID Family Meet
 Roommate Meet Dog Meet Blood/Health Tests S/N Other _____

Comments: _____

Adoption Return: Exchange OK Date: _____

Reason for Return: _____

Denied Date: _____ Staff Name: _____

Comments: _____

