



Longmont Humane Society **Dog** Adopter Survey

****Thank you for choosing to adopt a dog today****

Today's Date: _____ Name of Dog you want to adopt? _____ Staff Use: Animal A# _____

Adopter's Name (s): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

E-mail address: _____

Type of dwelling: House Apartment Mobile/Modular home Other _____

Have you adopted from Longmont Humane Society before? 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: _____

What type of other animals currently at the 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: _____

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: _____

We'll explain this new pet's medical history and behavioral history. Check any additional topics you'd like to discuss:

- Feeding this pet Finding a trainer* Heartworm prevention Exercise, toys & fun activities
- Housing this pet Housetraining Grooming/nail trimming Introducing this dog to a cat
- Crate-training Puppy Socialization Moving with pets Puppy-proofing your home
- Microchips/ID Toxic Foods Introducing this dog to other dogs Introducing this dog to children

*LHS offers 25% –15% off classes for our adopters! Are you considering dog training classes? Yes No

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

By checking "No", you are also opting out of Free Lost Pet Services from 24PetWatch. In the event your new pet goes missing, 24PetWatch will be unable to contact you.

Staff Use Only: P#: _____ Name & Address Verification Staff Member Name _____

Handouts: Dog Adoption Packet Surgery Instructions Rabies Voucher WPC Info Dog Social Scale PBTB Pet as Gift Photo Consent Resource Guarding Wariness Separation Anxiety