

For staff use only: \_\_\_\_\_ accepted \_\_\_\_\_ declined \_\_\_\_\_ Initials

## Ionia County Animal Shelter - Dog Adoption Survey

Name(s) of dog(s) you are interested in: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1.) Are you over 18 years of age? **(You must be 18 years or older to adopt)**

YES

NO

2.) Please list house hold members AND their ages, including you:

---

---

3.) Does everyone in the household want to adopt a dog? If not, why?

---

4.) Do you own or rent your home?    OWN    RENT– from who? \_\_\_\_\_

**(If you rent your home, we MUST see a copy of your pet policy or speak to a landlord. Verbal or written permission is needed in order to adopt.)**

5.) List all dogs, cats, and ferrets CURRENTLY living at your home:

Name	Breed	Age	Sex (M/F)	Neutered?	Inside or outside pet?	How long owned?

6.) What is the name and phone number of your regular veterinarian? If you do not have one who will be your regular veterinarian? \_\_\_\_\_

7.) Will you be taking your new dog to this veterinarian?    YES    NO

If no, which one? \_\_\_\_\_

8.) How often do children or teens visit? \_\_\_\_\_

For staff use only: \_\_\_\_\_ accepted \_\_\_\_\_ declined \_\_\_\_\_ Initials

9.) How would you describe the energy level in your home?

- Calm quiet
- Busy
- Hectic
- Changing

10.) Are there any changes in your life that you are planning in the near future? (ie. birth of a child, moving, change in work schedule)

---

11.) Where will the dog sleep? (ie. crate, outside, your bed)

---

12.) Do you plan on crate training your pet? \_\_\_\_\_

13.) Where will the dog be kept when you are not home? Check all that apply.

- Crate/Kennel
- Confined in house
- Outside tied up
- Outside in fence
- Free roam of house
- Outside free to roam

14.) How long approximately will your dog be left alone on a typical day? \_\_\_\_\_

15.) How much time do you have to devote to walking or playing with your dog?

- Twice daily
- Once Daily
- Once weekly
- Less than once a week

16.) Do you have a fenced yard or area? If not, how will you keep your dog confined to your property?

---

17.) If needed, how would you seek help, check all that apply.

- Without assistance
- With the help of a trainer
- In a class setting
- Unsure at this time

For staff use only: \_\_\_\_\_ accepted \_\_\_\_\_ declined \_\_\_\_\_ Initials

18.) Do any other animals visit the home? If so how often?

\_\_\_\_\_

19.) How much will you budget MONTHLY on your dog's food and care?

- Under \$20
- \$20-\$50
- \$50-\$100
- More than \$100 or as much as the dog needs within reason

20.) Why would you like to rescue a dog?

- Personal companion
- Family pet
- Hunting
- Protection
- Farm/outside

21.) Dogs leaving the shelter have had only their first set of vaccinations, and may be too young for a rabies vaccine. Are you willing to take your dog to the vet for follow up vaccines?

YES                      NO – If no, why? \_\_\_\_\_

22.) If your dog has or develops any behavior problems such as potty training, excitability, jumping, barking, or destruction, how would you handle it?

\_\_\_\_\_  
\_\_\_\_\_

23.) How important is it to you that your dog will sit in your lap/follow you around, etc?

- Very important
- Important
- Not important
- Would prefer an independent dog

24.) Please provide us with the **names** and **numbers** of one personal and veterinary reference. Ionia

Animal Shelter has the right to contact said reference at any point before or after adoption.

Personal Reference: \_\_\_\_\_

Veterinary Reference: \_\_\_\_\_

For staff use only: \_\_\_\_\_ accepted \_\_\_\_\_ declined \_\_\_\_\_ Initials

**Certifications, Authorizations, Releases, and Understandings**

- I certify that all statements on this survey are made truthfully and without evasion, and I understand that such statements may be sufficient reason for not being allowed to adopt a dog from Ionia County.
- I authorize Ionia County to contact my veterinarian, and my landlord, to confirm how I have cared for companion animals in the past, and how I am likely to care for an animal adopted from Ionia County.
- I authorize my veterinarian to release all records of the animals I own or have owned in the past.
- I understand that the animal(s) I adopt from Ionia County may require veterinary or health treatment beyond that provided by Ionia County Animal Shelter prior to taking an animal home.
- I acknowledge that Ionia County does not employ a veterinarian and is not responsible for providing treatment or incurring the cost of treatment needed by this animal.
- I understand that with proper care, this pet can live 15 years or more, and I am prepared to commit myself to the long term care and protection of any animal I adopt from Ionia County.
- I will not sell or give away the animal(s) that I adopt from Ionia County. If I am unable to care for this animal(s), or I choose not to, I agree to return this animal (s) to Ionia County Animal Shelter during normal business hours, and will not abandon or harm this animal(s) in any way.

**Ionia County Animal Shelter**

**3853 Sparrow Drive**

**Ionia, MI 48846**

**616-527-9040**

Please answer all of the questions, save it with your name as an example:  
[Jane\\_Doe\\_Adoption\\_Application.pdf](#) and email it to [ioniaanimalshelter@hotmail.com](mailto:ioniaanimalshelter@hotmail.com)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_