

Prospective Adopter Survey



Please complete this survey to assist us in placing each of our rescue dogs in the best home for them. Feel free to elaborate on additional pages. The more information you provide us the better we will be able to match you with the adoptable dog that will best fit into your family, lifestyle and live up to your expectations. All of this information will be kept confidential.

Questions? Email thepack@topnotchdogs.com or call Top Notch Kennels office at 209.523.3138.

Name: _____

Address _____ City: _____ State: _____ Zip: _____

Phone: () _____ Alternate Phone: () _____

What is the best time to call you? (Indicate phone or alternate) - _____

E-mail: _____

Would this be the first dog you've ever owned? Yes _____ No _____

If you currently have dogs living in your home, please list all of them below. Include name, breed, gender (indicate spayed, neutered or intact) & age:

Which of our adoptable dogs are you interested in, and why?

Do you have other pets? Cats? Birds? Rodents? Please list types:

Do you have horses or livestock? Types:

Do your neighbors have horses or livestock? Types:

Do you own or rent your home? Own _____ Rent _____

If renting, does your landlord allow pets? Yes _____ No _____

If yes, are there any size or breed restrictions?

If yes, what would your plans be for your dog if you had to move?

Please list all family members living at home. Indicate ages and relationship:

In addition, if any, to the family members living at home listed above, will this dog be around children?
Grandchildren, nieces, nephews, friends...?

Frequently Occasionally Infrequently Very rarely Not at all

What are your general practices & philosophies about children around dogs?

Do you have a fenced yard? Yes _____ No _____

If yes describe: size, height and type of fence, location in relation to the house:

How do you envision this dog fitting into your home? (Schedule, indoor dog, outdoor dog, activities, exercise etc.)

What kinds of exercise will this dog have? How and when?

Where will the dog be when you are at home?

Where will the dog be if you are away during the day?

How long each day will the dog be alone?

Where will the dog sleep at night?

Who in your family will be primarily responsible for:

- a. The poop clean up?
- b. Continued training?
- c. The vet and food bills?
- d. The dog's exercise?
- e. Daily feeding and watering?

What method(s) of housebreaking/housetraining will you use?

Have you ever used a dog crate? Yes _____ No _____
If so, how have you used a crate with your previous dogs?

Do you intend to use a crate with this dog? Yes _____ No _____
If so, how long will the dog stay in the crate?

Who would care for the dog in case of an emergency? Do you have alternative/backup plan?

What will you do with the dog when you go on a vacation/trip?

Where will this dog ride when traveling with you?

Do you intend to participate in any of the following with this dog?

- | | |
|--|--|
| <input type="checkbox"/> Further obedience training | <input type="checkbox"/> Agility training for fun or competition |
| <input type="checkbox"/> Jogging or biking partner | <input type="checkbox"/> Hiking partner |
| <input type="checkbox"/> Boating, fishing or camping partner | <input type="checkbox"/> Any other activity? _____ |

Please put a check mark next to each of the training tools you have used with your dogs in the past:

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> None- this is my first dog | | | |
| <input type="checkbox"/> buckle collar | <input type="checkbox"/> martingale | <input type="checkbox"/> choke chain | <input type="checkbox"/> pinch/prong collar |
| <input type="checkbox"/> bark collar | <input type="checkbox"/> 4-6 foot leash | <input type="checkbox"/> no leash | <input type="checkbox"/> electronic collar |
| <input type="checkbox"/> long line | <input type="checkbox"/> harness | <input type="checkbox"/> clicker | <input type="checkbox"/> flexi/retractable leash |
| <input type="checkbox"/> toys | <input type="checkbox"/> food/treats | <input type="checkbox"/> alpha roll | <input type="checkbox"/> halti/gentle leader |
| <input type="checkbox"/> dominance | <input type="checkbox"/> crate | <input type="checkbox"/> other: | |

Do you discipline your dogs? Yes_____ No_____

Explain how?

What would you do if your dog growled at you?

What would you do if your dog growled at your child/grandchild?

What are your priorities/interests with this dog? Mark accordingly:

	Extremely Important	Very Important	Important	Somewhat Important	Not at all Important	N/A
In home companion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor guard dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Companion for my other dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good experience for my child/children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting into dog sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you prefer a male or female dog? Male_____ Female_____ No preference_____

Why or why not?

Would you consider the opposite sex? Yes_____ No_____

Listed below are sets of opposite personality character traits. While you and I may prefer "moderate" across the board, reality indicates this is not always possible. Please put a check mark next to each personality character that you **prefer** (can handle and deal with) over its opposite.

- | | |
|---|---|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Shadow like (follows everywhere) |
| <input type="checkbox"/> Soft somewhat submissive temperament | <input type="checkbox"/> Strong, challenging temperament |
| <input type="checkbox"/> Very affectionate needs | <input type="checkbox"/> Low affectionate needs |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Low key |
| <input type="checkbox"/> High energy | <input type="checkbox"/> Low energy |
| <input type="checkbox"/> Some coat care (brushing, grooming) | <input type="checkbox"/> Low/no maintenance coat |

What veterinarian will you/do you use? (name, clinic name, address and phone number)

May someone from Top Notch Kennels, as part of being considered for one of our adoption dogs, visit your home? Yes _____ No _____

One of our requirements should you adopt one of our dogs is that you provide it with a permanent home. If the arrangement with the dog does not work, you would be allowed to return the dog to us ONLY, and not place the dog with anyone else without first seeking permission from Top Notch Kennels. Is this acceptable to you? Yes _____ No _____

Please provide at least three references that would have good knowledge of your responsible dog ownership. This may include dog trainers, other dog owners who know you, your veterinarian, friends, and neighbors. Please provide name, address, phone number and relationship to you.

1. _____

Name	Address	Phone	Relationship
------	---------	-------	--------------
2. _____

Name	Address	Phone	Relationship
------	---------	-------	--------------
3. _____

Name	Address	Phone	Relationship
------	---------	-------	--------------

Do you have any additional comments that you would like to add at this time? Did we actually forget to address something? ☺ You can use the backside of the page if you need more space!