



Kennel Attendant: _____
Date: _____

Matchmaker Form

It is our policy to make certain that each person who adopts a dog is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically, and financially. Not every person who desires to adopt should do so.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet guardianship, and if the dog of your interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

Are you interested in seeing our **DOGS** or **CATS** up for adoption?

DOG(S) OF INTEREST: _____

How did you hear about us?

Website___ TV___ Newspaper___ Radio___ Friend/Family___ Prev. Adopter___ Other___

Name:	Physical Address:
Home Phone Number:	Cell Phone Number:
Are you 18 or older?:	Email:

<p><u>CHILDREN AND YOUR HOME:</u></p> <ul style="list-style-type: none"> <input type="radio"/> I have children Ages _____ <input type="radio"/> Children visit my home Ages _____ <input type="radio"/> Children rarely visit 	<p><u>YOU AND YOUR HOUSEHOLD</u></p> <p>Animal Experience:</p> <ul style="list-style-type: none"> <input type="radio"/> First time owner <input type="radio"/> Have had one or two <input type="radio"/> Have had many <input type="radio"/> Have attended training class/hired 	<p><u>LIVING SITUATION:</u></p> <ul style="list-style-type: none"> <input type="radio"/> Rent. What is the pet policy? _____ <input type="radio"/> Own _____ <input type="radio"/> Live with parents <input type="radio"/> Mobile home or Condo
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PREFERENCES

Gender: Male Female
 Age: _____
 Size when full grown: _____

During the day my dog will be:

- Outside
- Inside
- Outside and garage
- Uses dog door
- Crate/kennel

At night my dog will be:

- Outside
- In the garage
- Inside

During the day my cat will be:

- Indoor
- In/Out
- Outdoor

What behavior(s) do you desire or could accept?

- Very Active/Active
- Calm/Gentle/Well Mannered
- Reserved/Shy
- Excitable/High Energy
- Confident
- Playful
- Pushy/Tests the Limits
- Protective of family/home
- Clingy/Dependent
- Other _____

Is there anything else you would like us to know about the type of animal you are looking for?

Do you presently have a pet? () Yes () No **Have you previously had a pet?** () Yes () No

If you presently have or had dogs/cats in the past, please complete the charts below. In the column, "what happened." write: gave away, sold him/her, took to the shelter, abandoned, died, etc. (If the animal died, please state cause of death.)

Current Pet(s):

Name & Breed	Age	Sex	Altered?	How & Why Obtained	How Long?

Previous Pet(s):

Breed	Age	Sex	Altered?	Kept In/Out	What Happened?	What Year?

Your Family Veterinarian:

Name: _____ Phone: _____

I hereby certify that all information provided here is true, accurate and complete.

Signature: _____ Date: _____

Print Name: _____