

# PUP PARTNERS™

## Dog Adoption Matching Program

Instructions: Please mark an X in the column of your choice.

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YES NO

- |  |  |  |
|--|--|--|
| 1. Have you owned a dog in the past? .....   | <input type="checkbox"/>                   | <input type="checkbox"/>                 |
| 2. Have you ever taken a dog to a training class or would you be willing to? .....         | <input type="checkbox"/>                   | <input type="checkbox"/>                 |
| 3. Would you be willing to adopt a dog that requires some degree of training? .....        | <input type="checkbox"/>                   | <input type="checkbox"/>                 |
| 4. Would you be willing to adopt a dog that requires socialization (i.e. a shy dog)? ..... | <input type="checkbox"/>                   | <input type="checkbox"/>                 |
| 5. Would you be willing to adopt a "senior" dog (over age 8)? .....                        | <input type="checkbox"/>                   | <input type="checkbox"/>                 |
| 6. Do you have other dogs in your home? .....  | <input type="checkbox"/>                   | <input type="checkbox"/>                 |
| 7. Do you have cats in your home? .....  | <input type="checkbox"/>                   | <input type="checkbox"/>                 |
| 8. How active of a dog would you like?   |  |  |
| Active <input type="checkbox"/>  | Moderately Active <input type="checkbox"/> | Sedentary <input type="checkbox"/>       |
| 9. How would you describe your home?   |  |  |
| Active <input type="checkbox"/>  | Noisy <input type="checkbox"/>             | Quiet <input type="checkbox"/>           |
| 10. What age children live in the house or visit on a regular?                             |  |  |
| 1-6 yrs <input type="checkbox"/>   | 7-11 yrs <input type="checkbox"/>          | 12+ yrs or none <input type="checkbox"/> |

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

Address: \_\_\_\_\_

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

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