Animal Survey

Rev. A

(Circle the answers below regarding your pet)

E-mail: _____

Your Name: _____ Adress: _____

Phone Number: ( ) _____ City: _____ Zip: _____

☐ **Does your ID match your current address?** ☐ **If not, do you have a piece of mail that has your current address?**

Dogs

What kind of energy level are you looking for in a dog? Calm Hyper Both

What kind of excersize do you plan to provide? No excersize

Dog Park Running/Swimming 1-3 walks Back Yard Biking

How many hours a day will your pet be left alone? _____

What animals do you want your dog to get along with? Cats Dogs Other: _____

Do you own or have other pets living in your home? Yes No

If yes, What type of pets? Cat Dog Other: _____

What veterinarian do you use for your pets: _____

How does your pet react to other animals? Needs Time to adjust Aggressive Great

Are there any habits that you are NOT willing to provide training for?

Chewing Digging Escaping Jumping Separation Anxiety

Excessive Barking Other: _____ None

Where would you like to keep your dog majority of the time? Inside Outside

How many hours will your pet be outside? 1-2 hours 3-4 hours 5-6 hours

7-8 hours 9-12 hours 24 hours

Do you know the average cost per month to own a pet?

How much do you think it is? **($)**

Cats

What kind of environment do you live in? Loud/Noisy Quiet and Calm Inbetween

What kind of energy level are you looking for in a cat? Hyper Calm Does not matter

Do you mind if the cat sheds? Yes No

Do you have any other pets at home? Yes No

If yes, what type of pets? Cats Dogs Other: _____

What veterinarian do you use for you pets: _____

I have lived with cats before? Yes No

My cat needs to be able to be alone? All day 4 to 8 hrs less than 4 hrs

My cat will be? Inside Outside Both

How many hours will your pet be outside? None 1-4 hours 6-12 hours

I perfer my cat to talk? No Yes Its not important

I want my cat to get along with children? Yes No

Do you know the average cost per month to own a pet?

How much do you think it is? **($)**