

Morris Animal Hospital

Pet-Selection Counseling Form

Name:

Date:

Part 1: Lifestyle

1. Household members (names, ages):

2. Current household pets (type, gender, age):

3. Previous household pets (type, gender, age) and reason you no longer have this/these pet(s):

4. How often do adults visit your home?

- Daily
- Numerous times weekly
- 1-4 times monthly
- Infrequently

5. How often do children or teens visit?

- Daily
- Numerous times weekly
- 1-4 times monthly
- Infrequently

6. Would you say your current lifestyle is:

- Very Hectic
- Moderately busy / controllable
- Calm / quiet

7. Does anyone in your family have special needs?

- Yes No
- If yes, please specify:

8. Is anyone in your home allergic to animals?

- Yes No
- If yes, please specify:

9. Are there any major family changes in your near future?

- Birth of a child
- Household move
- Schedule change
- Marital change
- Other

Part 2: Care and Maintenance

10. You live:

- In a house
- In an apartment
- On a farm
- Other:

11. What is your approximate yard size?

- Large (acre or more)
- Medium
- Small
- No yard to speak of

12. What type of fencing is around your yard?

- Chain-link
- Invisible Fence
- Privacy
- No fence

13. Where will your pet spend most of his time?

- Indoors
- Outdoors
- 50/50

14. How will a pet be managed in your back yard?

- Fence
- Tie-out
- Not sure

15. What will your pet's indoor areas include?

- Full access to rooms
- Limited access to rooms
- Allowed on furniture
- Allowed on some furniture

16. Where will your pet sleep?

- Crate
- His/her own bed
- Family member's bed
- Outside
- Other:

17. How long will your pet be left alone during the day?

- < 1 hour
- 4 hours or less
- 8 hours or less
- > 8 hours
- Variable

18. Where will your pet be kept when you are not home?

- Crate
- Outside
- Free access to house
- Specific room

19. How much time do you plan on interacting with your dog daily? (training, playing, grooming, exercise, etc.)

- less than 1 hour
- 1-2 hours
- more than 3 hours

20. Prioritize 3 activities you would like to do with your pet (jogging, swimming, agility training, etc):

- 1) _____
- 2) _____
- 3) _____

21. How often will you walk your pet off your property for mental stimulation?

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

22. Who will be in charge of feeding your pet?

- Family takes turns
- Mom / Dad
- Individual:

23. Who will be in charge of cleaning up after the pet?

- Family takes turns
- Mom / Dad
- Individual:

24. How often do you plan to train your pet?

- Multiple times a day
- Multiple times a week
- Occasionally
- As little as possible

25. If acquiring a puppy or kitten will you take him/her to socialization classes?

- Yes
- No
- Unsure, more information need

26. Do you plan on crate training your pet?

- Yes
- No
- Unsure, more information needed

27. Who will be responsible for administering your pet's medical care (medication, etc.)?

- Family takes turns
- Mom / Dad
- Individual:

28. Would you prefer to have your pet trained:

- Without assistance
- With the help of a private trainer
- Group training class
- Leave pet at a training facility
- Unsure, need more information

29. What will you do with your pet when you travel?

- Take pet on trip
- Board the pet at the animal hospital
- Hire a pet sitter
- Other:

Part 3: Financial Considerations

30. How much are you budgeting monthly for your pet's food?

- \$20 or less
- \$20-50
- \$100 or less

31. How much are willing to pay for your pet?

- Free
- Less than \$50
- Less than \$100
- Less than \$500
- Less than \$1000
- \$1000 or more

32. Do you plan on spaying / neutering your pet?

- Yes
- No
- Unsure, need more information

33. How much are budgeting to spend annually on your pet's medical care?

- Less than \$200
- \$200 - \$300
- \$301 - \$400
- More than \$400
- Whatever is necessary

34. Which of the following pet sources are you considering?

- Reputable breeder
- Animal shelter / humane society
- Breed rescue organization
- Pet store
- Other:

Part 4: Pet Characteristics

35. With what other animals (not your own) will your pet interact?

- Dogs
- Cats
- Other:
- Often
- Rarely
- Never

36. Primary purpose for obtaining your pet:

- Adult's pet
- Family pet
- Child's pet
- Breeding
- Show
- Hunting
- Protection
- Farm / outside pet
- Other:

37. Has someone in your household owned a puppy less than 6 months of age?

- Yes No
- How long ago?

38. What age would you like your pet to be when you acquire him/her?

- As young as possible
- 8 weeks
- 6 months or older
- Adult

39. Are you interested in training your pet?

- Yes, I look forward to training my pet
- No, I would like a pet that requires little training

40. House training problems:

- Could live with problem
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

41. Shyness with people:

- Could live with problem
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

42. Aloofness with family:

- Could live with problem
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

43. Excitability:

- Could live with problem
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

44. Demands attention:

- Could live with problem:
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

45. Jumping on people:

- Could live with problem
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

46. Digging / yard destruction:

- Could live with problem
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

47. Chewing / destruction:

- Could live with problem
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

48. Excessive vocalization (barking, whining):

- Could live with problem
- Would do whatever it takes to correct the problem
- Problem would prompt me to part with the pet

49. How often do you plan to groom your pet at home?

- Daily
- Weekly
- Monthly
- As infrequently as possible

50. Would you have your pet professionally groomed?

- Yes
- No
- Occasionally

51. How important is it to you that your pet "guards your home"?

- Very important
- Important
- Not important
- Do not want a guard dog.

52. What size pet do you prefer?

- Very small (less than 10 lbs.)
- Small (11-25 lbs.)
- Medium (26-50 lbs.)
- Large (51-90 lbs.)
- Giant (greater than 90 lbs.)
- No preference

53. How important is it to you that your pet wants to sit in your lap, follow you around, etc.?

- Very important
- Important
- Not important
- I would rather have an independent dog.

54. How much does hair on your clothing or furniture bother you?

- Can not tolerate
- Can tolerate somewhat
- Does not bother me

55. Breeds you are considering:

- 1) _____
- 2) _____
- 3) _____

56. Please list any questions or concerns you may have: