



Dog Adopter Survey

First Name	Last Name	Date	
Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Email	Driver's License #	DOB	

1. My dog needs to get along with: (Circle all that apply)	Children under 8 years	Children over 8 years	Elderly People	Adults Only	
2. My dog needs to get along with:	Dog(s)	Cat(s)	Other		
3. My dog will primarily be:	Indoor	Outdoor	Indoor/Outdoor		
4. My dog needs to be able to be alone (per day):	4 hours or less	4-8 hours	9 or more hours		
5. When I'm not at home, my dog will spend his/her time:	In the garage	In the yard	Loose in the house	Crated inside house	Confined to one room
6. I am comfortable doing some training with my dog to improve manners, such as jumping, stealing food, and pulling on the leash.	YES	NO			
7. I am interested in a dog with "special needs" (medical or behavioral)	YES	NO			

Emergency Contact Information For Your Pet

All Humane Society of Greenwood pets are microchipped and the information will be registered with 24PetWatch pet recovery database. The emergency contact information below will be used if your pet is lost. **Please list someone outside of your household.**

Emergency Contact Name: _____

Primary Phone: _____ Secondary Phone: _____



With your 24PetWatch microchip, we offer you free lost pet services, as well as exclusive offers, promotions and the latest information from 24PetWatch regarding microchip and insurance services.

Pethealth Services (USA) Inc., Pethealth Services Inc, PTZ Insurance Services Ltd. and PTZ Insurance Agency Ltd may contact you via commercial electronic messages, automatic telephone dialing systems, pre-recorded/automated messages or text messages at the telephone number provided above, including your mobile number. These calls or emails are not a condition of the purchase of any goods or services.

You understand that if you choose not to provide your consent, you will not receive electronic enrollment notification regarding the trial/gift/voucher of insurance and/or free lost pet services which includes being contacted with information in the event that your pet goes missing.

You may withdraw your consent at any time.

- Yes, I'd like to receive communication from Pethealth/24PetWatch

- No, I do not want to release my information to Pethealth/24PetWatch