



Dog Owner Questionnaire

Routine Daily Schedule:

- Have you, personally, ever owned a dog before? YES NO
- How often is, or will, the dog be walked? _____
- What kind of regular exercise does the animal get? _____
- Is the dog left alone for extended periods of time (3 or more hours)? YES NO
- How many hours is the dog left alone for? _____
- Describe the typical situation when your dog is left alone. _____

- How does the dog amuse him/herself when alone? _____

Training:

- Has the dog had any obedience training? YES NO If yes, describe. _____

- Is your dog an AKC Canine Good Citizen? YES NO
 - Explain how do you deal with the following behaviors:
 - o Barking/whining? _____
 - o Chewing? _____
 - o Scratching? _____
 - How does your dog behave when encountering the following situations?
 - o Strangers? _____
 - o Children? _____
 - o Other dogs? _____
 - Who will care of your dog when you take a trip without him/her? _____

 - What is the longest time you have been on a trip without your dog? _____

- Who is your veterinarian? _____
- How do you control fleas and other parasites? _____
- Do you have references from previous landlords where you've lived with this animal? YES NO
- Is the dog in question kennel trained? Yes No
- Has the dog already had a DNA profile completed? Yes No
- Where did you get your dog, or will be getting your dog? _____
- Name of the dog's current owner or shelter where dog is living: _____
 Contact Phone Number: _____
- If you already own the dog, how long have you had your dog? _____

I certify that the information provided on this application is accurate. I understand that withholding of information or giving false information will result in an automatic refusal to grant permission for me to own an animal at The Village or result in eviction of me and/or my animal.

Signature

Date