FOLLOW-UP QUESTIONNAIRE

Date of Interview: __________________________________________

Name of Interviewer: __________________________________________

Animal’s Name: __________________________________________ ID #: _______________

Date of Adoption: __________________________________________

Adopter’s Name: __________________________________________ Phone: _____________

Person Interviewed (if not Adopter of Record): __________________________________________

1. Are you happy with your new dog? Yes_____ No_____ If no, please explain:
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Have you brought your dog to a veterinarian? Yes_____ No _____

3. Does your new dog behave in a way that you consider to be a problem? Yes____ No_____ If yes, please explain:
   ____________________________________________________________________________
   ____________________________________________________________________________

   NOTE TO ADOPTION COUNSELOR: If client has not sought help, please suggest that they call Dr. Marder (617-426-9170 x165)

4. Is your new dog having accidents in the house? Yes____ No_____ If yes, how often?
   ____________________________________________________________________________
   ____________________________________________________________________________

5. Does your new dog (circle all that apply) bark, destroy things, urinate, or defecate when left alone? Yes____ No_____
   If yes, which and how often?
   ____________________________________________________________________________
   ____________________________________________________________________________

6. Is your new dog friendly to men, women, and children who visit you? Yes_____ No_____ If no, please explain what your dog does.
   ____________________________________________________________________________
   ____________________________________________________________________________

7. Is your new dog friendly to unfamiliar men, women and children while in or out of the house? Yes_____ No_____ If no, please explain what your dog does.
   ____________________________________________________________________________
   ____________________________________________________________________________

8. Does your new dog jump up on people? Yes_____ No_______
9. Does your new dog “mouth” (put mouth on body part, to greet or to play) people? Yes_______ No________

10. Has your new dog growled at, snapped at or bitten an adult person or child? Yes_____ No_____ If yes, please explain who and the circumstance:

_____________________________________________________________________________________________________________

11. Has your new dog growled, snapped or bitten when a person touches the dog or food while eating? Yes_____ No_______ If yes, please explain:

_____________________________________________________________________________________________________________

12. Has your new dog growled, snapped or bitten when a person touches the dog while chewing a bone or rawhide? Yes_______ No_________ If yes, please explain:

_____________________________________________________________________________________________________________

13. Has your new dog growled at, snapped at or bitten another dog? Yes______ No______ If yes, please explain:

_____________________________________________________________________________________________________________

14. Is your new dog playful? Yes______ No______ If yes, what toys does your pet enjoy?

_____________________________________________________________________________________________________________

15. Which commands does your dog know? Sit_______ Stay_______ Down______ Come______ Give paw (shake)_____

16. Is your new dog afraid of any people? Yes____ No_____. If yes, who and what does your dog do?

_____________________________________________________________________________________________________________

17. Were you happy with the adoption services provided by the shelter? Yes____ No______

18. Do you have suggestions on how we can improve our services?

_____________________________________________________________________________________________________________