**Société Royale Protectrice des Animaux VEEWEYDE ASBL**   
**Koninklijke Maatschappij voor Dierenbescherming VEEWEYDE VZW**   
Avenue d’Itterbeek 600 - 1070 Bruxelles                                               Itterbeekselaan 600 - 1070 Brussel   
[info@veeweyde.be](mailto:info@veeweyde.be) - 02/527.10.50 – [www.veeweyde.be](http://www.veeweyde.be)    
   
  
**PUPPIES QUESTIONNAIRE**

**THIS FORM DOES NOT OBLIGE US TO RESERVE A PUPPY FOR YOU.We will analyze your responses before informing you of our decision. Thank you for understanding**

* ***I accept that the information entered in this form will be used by SRPA Veeweyde to contact me again as part of the selection procedure for adopter candidates.***

Date : ……………………………………………………………………

Last Name: ……………………………………………………………………

First Name: ………………………………………………………………

Address: ………………………………………………………………

Post Code : ……………………………………

National Number : …………………………………………………………

Telephone : …………………………………………………… Email : …………………………………………………..

Profession : ………………………………………………………………………..

Family Composition: ………………………………………………………

Number of adults: ………….. Number of children: …………..

If children, age of children: ………………………………………………

I got to know about the royal society of animal protection (SRPA) through  :  
  
\* Family  
\* Friends  
\* Media  
\* Social media  
\* Other :

Why do you want to adopt a puppy? Explain us your motivation:

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| --- |
|  |

Do you have a preference for gender?

* Yes **O** male **O** female   
  And why? …………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………

* No

Do you have a preference for race?

* Yes **O** small **O** big   
  And why? ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
* No ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

What is your experience with dogs?

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| --- |
|  |

How many hours per day, the dog should stay alone? Explain your lifestyle in a few lines.

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| --- |
|  |

How many hours a day can you spend with your dog?

|  |
| --- |
|  |

What activities do you plan to do with your dog?

|  |
| --- |
|  |

Do you consider yourself an active person?

* Yes
* No

Explain below :

|  |
| --- |
|  |

Would you consider getting help from a behaviorist or taking dog training classes?

* Yes
* No

Can you explain ?

|  |
| --- |
|  |

Are you aware of the daily maintenance costs and veterinary costs for a puppy that will grow up to be a large dog?

* Yes
* No

If so, how much do you estimate the monthly costs: kibble, mash, basic veterinary care, etc.?

|  |
| --- |
|  |

What will happen to your dog in case of vacation / health problems / moving / pregnancy?

|  |
| --- |
|  |

Do you (or someone in your family) suffer from an allergy to animal hair?

* Yes
* No

Describe your home: Apartment – ​​house – other…

|  |
| --- |
|  |

Outdoor access: yes – no

If you have a garden, is it fenced and how high is the fence?  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Do you plan to modify it if necessary?  
……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  
  
Rural environment: Yes – No

Urban environment: Yes – No

Are you an owner or tenant? ………………………………………………………………………..

If you are a tenant, does your landlord allow you to keep an animal?

* Yes
* No

Have you ever had dogs?

|  |
| --- |
|  |

Do you currently have other dogs?

* Yes
* No

If yes, describe:

* Male
* Female
* Their age : ……………………………………………………………………………..

Are they :

* Microchipped
* Castrated/sterilized
* Vaccined

Do you currently have other animals?

|  |
| --- |
|  |

Contact details of your veterinarian: …………………………………………………………………………………………………………………………………………………………..  
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

You will need to sterilize your dog. Is this a problem for you?

* Yes
* No

Have you ever dropped off an animal at a shelter??

* Yes
* No

If yes, for what reason? When ?

|  |
| --- |
|  |

Thank you for taking the time to complete this questionnaire!

The Veeweyde team.

