

Name  
Address  
Phone  
E-mail

**IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:**

Be 18 years of age or older.

Have the knowledge and consent of your landlord.

Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

Please fill out the following questionnaire:

1. What kind of pet are you here to adopt? Dog\_\_ Puppy\_\_ Cat \_\_ Kitten \_\_ Other\_\_

2. Please check any of the following reasons for adopting a pet:

Watchdog \_\_ Companion \_\_ Barn Cat/Mouser\_\_ Breeding \_\_ Hunting \_\_

Child's Pet\_\_ Companion For Other Pet\_\_ Other (specify)\_\_\_\_\_

3. Do you own any pets at the present time? Yes\_\_No\_\_ If yes, please list information.

Name

Breed/Species

Age

Spayed/Neutered

4. Who is your veterinarian?\_\_\_\_\_ Phone #:\_\_\_\_\_

A pet needs to be seen by a veterinarian AT LEAST ONCE A YEAR for annual vaccinations and examination.

Will you provide regular veterinary care for your pet? Yes\_\_ No\_\_

5. Do you currently live in a house\_\_apartment\_\_mobile home\_\_other\_\_\_\_\_

If mobile home, is it in a trailer park? Yes\_\_No\_\_Park Name\_\_\_\_\_

Do you own or rent?\_\_\_\_\_

If you rent, does your lease allow pets? Yes\_\_No\_\_

If you rent, what is your landlord's name?\_\_\_\_\_ Phone#:\_\_\_\_\_

6. How many people live in your household?\_\_\_\_\_

If there are children in the household, what are their ages?\_\_\_\_\_

Will children be involved in daily pet care?\_\_\_\_\_

7. Where will this pet be kept during the day?\_\_\_\_\_ night?\_\_\_\_\_

If outside, pen\_\_chain\_\_fenced-in yard\_\_

8. Is someone home during the day? Yes\_\_No\_\_

How long will pet be left alone?\_\_\_\_\_

9. Do you plan on spaying or neutering your pet?\_\_\_\_\_

10. Have you ever given up an animal? Yes\_\_ No\_\_

If yes, to whom?\_\_\_\_\_why?\_\_\_\_\_

11. A new pet will take time to adjust to you, the new environment, other pets, and new routines.

How long would you consider to be reasonable for an adjustment period?\_\_\_\_\_

12. Do you intend to move over the next year? Yes\_\_ No\_\_

13. Have you ever adopted from us? Yes\_\_ No\_\_ If yes, when? \_\_\_\_\_

14. Is anyone in your family allergic to pets? Yes\_\_ No\_\_

15. Employer's name\_\_\_\_\_ Phone #\_\_\_\_\_

16. It is part of the Shelter's policy to have a volunteer make a follow-up call to see how you and your new pet are doing. The standard mode of practice for this is by a telephone call or a scheduled home visit. Is this acceptable to you?\_\_\_\_\_

I acknowledge the above information to be true.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_