

Adoption Questionnaire

Thank you for considering adoption!
This questionnaire will help us work together to determine the best pet for your lifestyle as well as to provide you with resources and education to make your adoption successful.

Filling out an application does not place an animal on hold

Inte	rested in:					
Date:	Full Name:			Preferred Prono	oun:	Date of Birth:
Street Address: Apt/Unit#			briver's License #:			
City:		State: Zi	p:		Issuing	State:
Primary Phone:	Cell or Home	Secondary Phone:	Cell or Home	Email:		
Type of Residence	e: (House, Apartm	ent, etc.)		Ages of children in the	home:	
Existing pets: (check all that apply and the number of each in home)				Veterinary Clinic's Name:		
☐ Cats ☐ Dogs ☐ Other Species: Are they spayed or neutered? ☐ Yes ☐ No						
You and Your Home:				Discussion Points:		
Prior animal experion Childhood pets First time pet or Experienced perion What are you Couch Potato Occasional Adv Playful Consistent Com Good w/ kids Working Dog Snuggler Tell us more:	rience: Ti wner towner looking for in a p enturer npanion i	me away from home: Home all day Away part time 4-7 hours Away full day 7-10 hours Travel frequently Det? (check all that apply Running Partner Social Butterfly Travel Buddy Good w/ other animals Barn Cat Indoor Only Cat Indoor/Outdoor Cat		<i>What would you</i> □ Introdu □ Introdu	ction to ction to I care/ V mming/ ibition riate pla g resource training/	other animals children deterinarians Grooming
			_			

For Staff Use Only

Shelter Name: New Name:	Animal #:							
Breed/ Type:	Age:							
Hold: ☐ 1st ☐ 2nd ☐ 3rd Rea	ason:							
Hold expires:								
☐ Pets for the elderly ☐ Photo taken								
\square Veterans discount (ID required) \square Foster discount \square Employee discount								
<u>Discussion Points:</u> (add notes regarding specific points	Staff Initials							
Behaviors observed in the shelter								
Medical/ Behavior Waivers								
Included in the adoption: Spayed/Neutered, vaccines, MC, flea control, d *Note: Licenses will be required for dogs in contracted jurisdictions at ad								
Kennel Cough/ Upper Respiratory Infection								
Introducing to your home: Indoor/ outdoor, housing, potty training, pet proofing/ safety, equipment/ supplies (harness, scratching post etc.)								
Meeting new people/ children/ dogs/ cats								
Change in behavior post-adoption								
Shelter resources: Behavior advice, training references, 100% return police	cy (refund determined by dept. manager)							
Additional Staff Notes:								
Adoption Fee: \$								

 \square Approved by: _____