



Greenhill
Humane Society
www.green-hill.org

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.

Interested in: _____

| | | |
|--|-------|--|
| Date: | Name: | Date of Birth: |
| Street Address: | | Apt/Unit#: |
| City: | | State: |
| Zip: | | Driver's License #: |
| Phone #'s: <small>Cell or Home</small> / <small>Cell or Home</small> | | Issuing State: |
| Email: | | |
| Type of Residence: (House, Apartment, etc.) | | Ages of children in the home: |
| Existing pets: (check all that apply and the number of each in home) | | Veterinary Clinic's Name: |
| <input type="checkbox"/> Cats _____ <input type="checkbox"/> Dogs _____ <input type="checkbox"/> Other _____ Species: _____ Are they spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <p align="center"><u>You and Your Home:</u></p> <p><u>Prior animal experience:</u></p> <input type="checkbox"/> Childhood pets <input type="checkbox"/> First time pet owner <input type="checkbox"/> Experienced pet owner <p><u>Time away from home:</u></p> <input type="checkbox"/> Home all day <input type="checkbox"/> Away part time 4-7 hours <input type="checkbox"/> Away full day 7-10 hours <input type="checkbox"/> Travel frequently <p><u>What are you looking for in a pet? (check all that apply)</u></p> <input type="checkbox"/> Couch Potato <input type="checkbox"/> Occasional Adventurer <input type="checkbox"/> Playful <input type="checkbox"/> Consistent Companion <input type="checkbox"/> Good w/ kids <input type="checkbox"/> Working Dog <p>Tell us more: _____</p> | | <p align="center"><u>Discussion Points:</u></p> <p><i>What would you like more information on?</i></p> <input type="checkbox"/> Introduction to other animals <input type="checkbox"/> Introduction to children <input type="checkbox"/> Medical care/ Veterinarians <input type="checkbox"/> Nail trimming/ Grooming <input type="checkbox"/> Feeding <input type="checkbox"/> Bite inhibition <input type="checkbox"/> Appropriate play <input type="checkbox"/> Training resources <input type="checkbox"/> House training/ litterbox <p>Additional topics or questions: _____</p> |

Note: If you are adopting a dog and live in the city limits of Eugene or unincorporated Lane County, you will be required to purchase a license in addition to the adoption fee. Thank you!

For Staff Use Only

| | |
|--|---------------------------------------|
| Animal Name: | Animal #: |
| Breed/ Type: | Age: |
| Hold: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd | Reason: _____ |
| Hold expires: _____ | Hold fee taken (nonrefundable): _____ |
| <input type="checkbox"/> Pets for the elderly <input type="checkbox"/> Photo taken <input type="checkbox"/> Veterans discount (ID required) <input type="checkbox"/> Foster discount <input type="checkbox"/> Employee discount | |

| Discussion Points: <i>(add notes regarding specific points discussed)</i> | Staff Initials |
|--|----------------|
| Behaviors observed in the shelter | |
| Medical/ Behavior Waivers | |
| Included in the adoption: Vaccines, MC, flea control, de-wormer, bag of food, collar, leash/carrier, free wellness exam | |
| 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, 100% return policy– refunds within 60 days, training references | |

Additional Staff Notes:

Approved by: _____