



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:	Preferred Pronoun:	Date of Birth:
Street Address:		Apt/Unit#:	Driver's License #:
City:		State:	Zip:
Issuing State:			
Primary Phone:	Cell or Home	Secondary Phone:	Cell or Home
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 <input type="checkbox"/> Snuggler		<p><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>Tell us more:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		<p>Additional topics or questions:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

For Staff Use Only

Shelter Name: New 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):\$_____ cash/card/check
<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	

<u>Discussion Points:</u> <i>(add notes regarding specific points discussed)</i>	Staff Initials
Behaviors observed in the shelter	
Medical/ Behavior Waivers	
Included in the adoption: Spayed/Neutered, vaccines, MC, flea control, de-wormer, bag of food, free wellness exam, *Note: Licenses will be required for dogs in contracted jurisdictions at additional cost*	
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 policy <i>(refund determined by dept. manager)</i>	

Additional Staff Notes:

Adoption Fee: \$ _____

Approved by: _____