

ADOPTION QUESTIONNAIRE

Date: ____/____/____

Animal: _____

Name: _____

Address: _____ City _____ zip _____

Phone# _____ DL# _____ DOB ____/____/____

Do you live in a house / apartment

Do you own your home yes / no

If not could you get written permission from your landlord yes / no

Do you have a fenced yard yes / no

Do you have children yes / no

If yes what are their ages _____.

What other types of pets have you owned in the past three years?

Breed

Sex

Spayed or Neutered

Still Living?

If you no longer have any of the pets listed above please explain _____

Are your pets currently vaccinated: Yes or No

Name and phone number of vet clinic you take your pets to _____

Does any member of your household have an allergy to animals yes or no

Which member of the household will feed and care for this animal _____

During the day where will this pet stay _____

At night where will this pet stay _____

How would this pet fit into your daily life _____

What is it about this pet that attracted you _____

Would you be interested in pet training if offered locally at a discount Yes or No