

Pre Adopt Form Data:

FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

DATE OF BIRTH:

IS THERE A SPECIFIC ANIMAL YOU ARE INTERESTED IN?:

EMAIL ADDRESS:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

ADDRESS:

LENGTH OF TIME YOU HAVE LIVED AT THIS ADDRESS:

P.O. BOX:

CITY:

COUNTY:

STATE:

ZIP CODE:

PREVIOUS ADDRESS IF LESS THAN 5 YEARS:

EMPLOYER:

WORK PHONE NUMBER:

IF YOU ARE UNEMPLOYED, WHAT IS YOUR SOURCE OF INCOME:

IF YOU ARE SELF-EMPLOYED, PLEASE STATE TYPE OF BUSINESS:

SPOUSE/PARTNERS EMPLOYER:

S/P WORK PHONE:

DAYTIME PHONE WHERE YOU CAN BE REACHED:

YOU LIVE IN A:

DO YOU OWN YOUR OWN HOME?:

IF YOU RENT OR LIVE IN A MOBILE HOME PARK, PLEASE GIVE US YOUR
LANDLORDS NAME AND PHONE NUMBER:

LIST THE NAMES AND AGES OF ALL ADULTS LIVING IN
HOUSEHOLD:

LIST THE NAMES AND AGES OF ALL CHILDREN LIVING IN HOUSEHOLD - IF
NO CHILDREN PLEASE STATE NONE:

PLEASE LIST ALL ANIMALS THAT CURRENTLY LIVE IN YOUR HOUSEHOLD.
PLEASE INCLUDE ANIMALS NAME, AGE, TYPE OF ANIMAL AND SEX - IF NO
CURRENT PETS, STATE NONE.:

ARE THESE ANIMALS SPAYED OR NEUTERED?:

PLEASE LIST PETS NAMES AND BREED OF ANY OTHER ANIMALS OWNED IN

THE PAST THREE YEARS THAT ARE NO LONGER WITH YOU - IF NO PAST PETS, STATE NONE:

WHICH VETERINARIAN/CLINIC HAVE YOU USED OVER THE PAST 5 YEARS?
IF YOU HAVE NOT USED A VET, PLEASE STATE NONE:
CLINICS ADDRESS - STATE NONE IF YOU HAVE NOT USED A VET.:

CLINICS PHONE NUMBER - STATE NONE IF YOU HAVE NOT USED A VET.:

ARE THE ANIMALS YOU CURRENTLY OWN UP TO DATE ON THEIR VACCINATIONS?:

IF NOT, PLEASE EXPLAIN:

HAVE YOU ADOPTED A PET FROM A HUMANE SOCIETY OR RESCUE?:

IF YES, NAME OF THE FACILITY:

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ALLERGIES TO ANIMALS?:

HAVE YOU OR ANY MEMBER OF THE HOUSEHOLD BEEN CONVICTED OF CRIMES AGAINST ANIMALS?:

DO YOU TRAVEL A LOT?:

IF YES, WHO WILL CARE FOR YOUR PETS WHEN YOU ARE AWAY?:

WHO WOULD CARE FOR YOUR PETS IF AN EMERGENCY ARISES AND YOU NEED TO BE AWAY?:

IF YOU HAD TO MOVE IN THE FUTURE, WHAT WOULD YOU DO WITH YOUR PETS?:

IT MAY TAKE YOUR PET TWO WEEKS OR LONGER TO ADJUST TO ITS NEW HOME. ARE YOU PREPARED TO ALLOW FOR THIS ADJUSTMENT PERIOD?:

ARE YOU FAMILIAR WITH THE PET LAWS IN YOUR AREA?:

HAVE YOU CONSIDERED THE EXPENSE OF PROVIDING FOOD, LICENSE, VACCINATIONS AND MEDICAL CARE FOR THE PETS YOU ARE ADOPTING?:

DO YOU FEEL IT IS IMPORTANT TO SPAY/NEUTER YOUR PET?:
IF NO, WHY NOT?:

PLEASE TELL US WHY YOU WOULD LIKE TO ADOPT AN ANIMAL FROM US.
CHECK ALL THAT APPLY:

FRIEND/COMPANION
COMPANION FOR ANOTHER PET
GIFT
WATCHDOG
FOR A CHILD
TO BREED
FOR HUNTING
AS A MOUSER

DOGS CAN LIVE 15 YEARS OR LONGER. ARE YOU PREPARED TO TAKE
RESPONSIBILITY FOR THE DOGS ENTIRE LIFE?:

ARE YOU FAMILIAR WITH THE TRAITS AND NEEDS OF THE DOG/BREED
YOU ARE CONSIDERING?:

HOW WOULD YOU CORRECT POSSIBLE PROBLEMS SUCH AS -
BARKING:
FENCE JUMPING:
CHEWING:
DIGGING:
HOUSE SOILING:

IF ADOPTING A PUPPY, HOW DO YOU INTEND TO HOUSETRAIN
HIM/HER?:

DO YOU PLAN TO TAKE YOUR DOG TO OBEDIENCE CLASSES:
II PLAN TO KEEP THIS DOG AT:
WHERE WILL THE DOG BE KEPT DURING THE DAY?:
AT NIGHT?:
WHERE WILL THE DOG BE KEPT WHEN LEFT ALONE?:
WHEN OUTDOORS, HOW WILL THIS DOG BE CONFINED?
WHEN OUTDOORS, WHAT TYPE OF SHELTER WILL BE AVAILABLE?:
DO YOU PLAN TO LICENSE YOUR DOG?:
WHAT TYPE OF ID WILL YOUR DOG WEAR?:

DO YOU PLAN TO LET YOUR CAT OUTDOORS?:
WHERE WILL YOUR CAT BE KEPT DURING THE DAY?:
AT NIGHT?:
WHAT TYPE OF ID WILL YOUR CAT WEAR?:
ARE YOU FAMILIAR WITH COMMON CAT BEHAVIORS SUCH AS: JUMPING
ON COUNTERS/FURNITURE, CHEWING ON PLANTS OR SCRATCHING?:

ARE ANY OF THESE BEHAVIORS MENTIONED A CONCERN FOR YOU?:
PLEASE COMMENT:
DO YOU INTEND TO DE-CLAW?:
IF YES, DO YOU UNDERSTAND THE PROCEDURE INVOLVED WHEN DE-
CLAWING?:
IF YES, VERY BRIEFLY EXPLAIN WHAT IS DONE IN A DE-CLAW
PROCEDURE:
ARE YOU INTERESTED IN INFORMATION TO ALTERNATIVES TO DE-
CLAWING?:
ARE YOU FAMILIAR WITH THE TRAITS OF BREED AND NEEDS OF THE CAT
YOU ARE CONSIDERING?:

CATS LIVE LONGER THAN 15 YEARS. ARE YOU PREPARED TO TAKE
RESPONSIBILITY FOR THE CATS ENTIRE LIFE?:

ADOPTER:
TODAY'S DATE:
SPOUSE OR PARTNER: