

Adoption Questionnaire



Thank you for choosing adoption! Please complete this form to help guide our conversation today.

Name: _____

Address: _____ City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Driver's License: _____

☐ This pet is meant to be a gift. I am answering the following questions from the perspective of the lucky recipient. *All animals within our jurisdiction must be licensed to the present party at the time of adoption.

Are you 18 years of age or older? ☐ Yes ☐ No

At your residence: Number of Adults _____ Number of Children _____ Ages of Children _____

We welcome adopters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees.

Tell us about other pets in your household:

Name	Dog/Cat	Age	Sex	Spayed/Neutered?

Other info you want to share? _____

We'll explain this new pet's medical and behavioral history. Please check any additional topics you'd like to discuss.

- | | |
|-----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Introducing this pet to pet(s) at home | <input type="checkbox"/> Feeding this pet |
| <input type="checkbox"/> House-training/litter box use | <input type="checkbox"/> Scratching/declawing |
| <input type="checkbox"/> Grooming/nail trimming | <input type="checkbox"/> Crate-training |
| <input type="checkbox"/> Flea prevention | <input type="checkbox"/> Puppy/kitten-proofing your home |
| <input type="checkbox"/> Exercise, toys & fun | <input type="checkbox"/> Microchip & licensing |

Other: _____