

Pet Name: _____

Adoption Questionnaire

Name: _____ Today's Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

List everyone in your household and the ages of any children in the home:

List a reference: _____ Phone: _____

How long have you been considering adopting a pet?: _____

Is this pet going to be a gift? YES NO If so, for whom?: _____

Have you or anyone in your family adopted from the AAF?: _____

Have you or anyone in your family surrendered an animal to the AAF?: _____

What kind of pet are you looking for: (check all that apply)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Personal Companion | <input type="checkbox"/> Companion for other pet |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Protection | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Farm Work | <input type="checkbox"/> Barn/mousing cat | <input type="checkbox"/> Show/Competition |
| <input type="checkbox"/> Other _____ | | |

Where would the pet stay/sleep at your home? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Crated inside | <input type="checkbox"/> Barn | <input type="checkbox"/> Full run of the house |
| <input type="checkbox"/> Garage/Basement | <input type="checkbox"/> Outdoor Kennel | <input type="checkbox"/> Tied outside |
| <input type="checkbox"/> Other: _____ | | |

Approximately how many hours would this pet be home alone per day? _____

I live in a: House Apartment Condo Duplex Mobile Home

I Own Rent

If renting, do you have your lease agreement with you today? Yes No

Landlord Name: _____ Phone Number: _____

Who will be primarily responsible for the daily care of this animal (feeding, cleaning, exercising etc.)?

If something were to happen to this person, who will take over care? _____

Your Current Pets

List all pets currently living in your home:

	Animal Name	Breed	Sex	Age	Spay/Neuter	Vaccines current	Heartworm prevention	Reside?	How long have you owned this animal?
1)	_____	_____	M / F	_____	Y / N	Y / N	Y / N	Inside / Outside	_____
2)	_____	_____	M / F	_____	Y / N	Y / N	Y / N	Inside / Outside	_____
3)	_____	_____	M / F	_____	Y / N	Y / N	Y / N	Inside / Outside	_____
4)	_____	_____	M / F	_____	Y / N	Y / N	Y / N	Inside / Outside	_____
5)	_____	_____	M / F	_____	Y / N	Y / N	Y / N	Inside / Outside	_____

Vet's Name(s): _____ Vet's Phone: _____

Past Pet Experience

List your previous pets: _____

Where were they kept? Where did they sleep? _____

Were they spayed/neutered? Yes No

Where are they now? _____

If given up, why? Behavior Allergies Moving Other _____

If deceased, why? Illness Accident Euthanasia Old Age

Ran away/lost? What happened? _____

Your Expectations

Are you aware that the average annual expense for a dog is \$750 and a cat \$670? Yes No

What do you consider unacceptable behavior?

Excessive barking Digging in yard Chewing/scratching furniture

Jumping on people Pulling on leash Urinating/defecating in the house

Other: _____

What methods would you use to prevent or correct these behaviors? _____

If adopting a dog, do you plan to attend obedience training? Yes No

If adopting a cat, do you plan to declaw him/her? Yes No

Which of the following would cause you to bring a dog/cat back to the shelter?

Chewing Jumping Running away from home Excessive barking

Digging in yard Hard to walk on leash Not enough time Pregnancy/new baby

Moving Too expensive Animal is sick Change in marital status

Allergies No longer interested Not using litter box Not doing well with kids

Not doing well with other animals