

Preliminary Adoption Application for Dogs/Cats

Date _____ E-mail Address _____

Name _____ Address _____

City, State, Zip _____

Home Phone _____ Work/Cell Phone _____

Is there a particular pet we have that you are interested in? If so, which one? _____

1. What type of pet are you looking for? List any specific features that are important to you:

2. Are you adopting for yourself your family both

3. Please check any of the reasons below for adopting a pet:

- Family Pet Adult Companion Protection
 Child's Pet (child's age _____) Companion for Other Pet Mouse/Barn Pet

4. Please check the applicable living situation:

- Own House Own Condominium/Townhouse Own Mobile Home
 Rent House Rent Condo/Apartment/Townhouse Rent Mobile Home
 Rent Duplex Live with Parents Live with Roommate

5. If you rent, a signed permission letter from the landlord is required. Please list the landlord's name and phone number: _____

6. Will this animal be primarily Indoors Outdoors Both

7. Where will this animal stay while the owners are gone during work or school?

- Garage Outside Loose in home Inside a fenced yard
 Barn Crate Confined to area inside home

8. How many hours per day will this animal be alone each day? Weekday: _____ Weekend: _____

9. If this animal were to become overly destructive, what action would you take to correct the behavior?

10. Does anyone in your household have allergies to cats or dogs? Yes No

11. How much would you plan to spend on this pet yearly including food, treats, toys, medical care, etc.?

- \$10-\$50 \$50-\$100 \$100-\$300 Over \$300

12. What problem(s) do you think would constitute a reason to give up your pet? _____

13. Please list particulars of pets you own, or that you have owned in the past:

	Most Current	Other	Other	Other
Dog or Cat?				
Breed				
Male or Female?				
Spayed or Neutered?				
Current Age				
Age of pet when acquired				
Age of pet when last owned				
What happened, if no longer owned?				
Date of last vaccinations				
Health status				
Name, address, phone number of veterinarian				
List any current problems with the pet				

14. Would you object to an Authorized Representative of the Anderson Humane Society Adoption Center visiting your home prior to adoption or to do a follow-up visit, or for them to verify any of the above information? _____

15. Is there anything you would like to tell us regarding why you feel you could provide a good home for this animal? Why should we choose you over other applicants that may be wanting to adopt this particular animal?

16. Should you be unable to keep this animal after adoption, you MUST return it to the animal shelter. Do you agree that you will surrender the animal back to us should you not be able to keep it? Yes No

Thank you very much for filling out this questionnaire. It is not our intent to invade your privacy; our purpose is to find a caring, responsible, and permanent home for our animals and at the same time find a suitable pet for you to love and enjoy for many years.

Signature

STAFF USE ONLY

Information Check by _____

Date _____

Status _____