



ADOPTION QUESTIONNAIRE

This questionnaire is to help determine if the proposed adoption is in the best interest of both the pet and your

HUMANE SOCIETY ADOPTION FORM

PET'S NAME: _____ DOG/CAT ID: _____

ADOPTER'S FULL NAME: _____ DATE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

Do you: ___ own ___ rent* ___ apt/condo ___ house *Proof of Landlord permission required

How many adults live in your household? _____

How many children? _____ Ages of children: _____

What is your reason or purpose for wanting to adopt? _____

Is this your first pet? _____

Do you have other pets, if so, how many? _____ Dogs _____ Cats _____

Other? _____ Type: _____

How long have you had them? _____

Are these pets up-to-date on vaccines? _____

Are your dogs on heartworm preventative? _____

Do you know what heartworm is and what it can do to a dog if untreated? _____

Are these pets spayed/neutered? If not, why? _____

Do you object to the pet being spayed/neutered? _____

Why? _____

Have you every surrendered a pet? If so, why? _____

Have you ever had a pet euthanized? If so, why? _____

Have you ever lost a pet to an accident? _____

How much time do you have to spend with your pet(s)? _____

Who will be responsible for the pet? _____

Where will the pet be kept? indoors ____ fenced yard ____ tethered (rope/chain) _____
patio/deck _____ other _____

ARE YOU AWARE OF AND PREPARED FOR THE FINANCIAL COMMITMENT AND RESPONSIBILITY FOR CARING FOR A PET? (\$200-\$400 PER YEAR FOR FOOD AND MORE FOR VETERINARY CARE) _____

Do you have a regular veterinarian? ____ Yes ____ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing HSSTT with this information, you are allowing HSSTT to call your vet. Please call your vet and ask them to authorize the release of information to HSSTT.)

I CERTIFY THAT THE ABOVE IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

SIGNATURE

DATE

THE HUMANE SOCIETY OF ST. THOMAS HAS THE RIGHT TO REFUSE ADOPTION TO ANYONE.

APPROVED _____

DISAPPROVED _____

DATE _____ REASON _____

COUNSELOR: _____

COMMENTS: _____
