



Thank you for choosing to adopt! Please complete this questionnaire to help guide our conversation today.

Date: _____ Animal's Name: _____ Animal ID #: _____

Adopter Name: _____

Address: _____ City/State/ZIP: _____

Email: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Microchip Emergency Contact ***Must be someone other than yourself***

Name: _____ Phone: _____

Best way you can be reached by phone? Cell Home Work

Best time of day you can be reached? Morning Afternoon Evening

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 members of the new pet's household (e.g., # of adults/seniors/young children):

Tell us about pets at home (check all that apply):

- We have one or more dog(s)
- We have one or more cat(s)
- We have one or more small animal(s)
- I'd like help with introducing a new pet

Form continued on other side →



Other info you want to share?

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

- | | |
|---|---|
| <input type="checkbox"/> Feeding this pet | <input type="checkbox"/> Finding a veterinarian |
| <input type="checkbox"/> House-training/litter box training | <input type="checkbox"/> Declawing |
| <input type="checkbox"/> Grooming/nail trimming | <input type="checkbox"/> Crate-training |
| <input type="checkbox"/> Exercise, toys and fun activities | <input type="checkbox"/> Moving with pets |
| <input type="checkbox"/> Puppy/kitten-proofing your home | <input type="checkbox"/> Pulling on-leash |
| <input type="checkbox"/> Finding a trainer | <input type="checkbox"/> Flea/tick prevention |
| <input type="checkbox"/> Introducing this pet to other pets | <input type="checkbox"/> Heartworm prevention |
| <input type="checkbox"/> Microchips and other ID options | |

Other questions: _____

Extra services and opportunities we offer; check any you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Buying a crate with this adoption | <input type="checkbox"/> Information about our training classes |
| <input type="checkbox"/> Information on our low-cost vaccination clinic for any current pets | <input type="checkbox"/> Information about low-cost spay and neuter services |
| <input type="checkbox"/> Information on our next low-cost microchip implantation day for any current pets | <input type="checkbox"/> Information about volunteering or fostering with us |
| | <input type="checkbox"/> Information about supporting us with financial or in-kind donation |

Signature _____ **Date** _____

Approved by _____ **Date** _____

Notes:

