

ADOPTION QUESTIONNAIRE

To help ensure the best possible placement of our rescued animals, and in order to determine that the proposed adoption is in the best interest of the animal, you and your family, please complete each of the following questions.

Type of Animal You Wish to Adopt \_\_\_\_\_ Name (if applicable) \_\_\_\_\_

Your Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Household Information:

1. Do you live in a: House \_\_\_\_ Apartment \_\_\_\_ Mobile Home \_\_\_\_

2. Do you: Own \_\_\_\_ Rent \_\_\_\_ Live with parents \_\_\_\_

3. If you rent: Are pets allowed? Yes \_\_\_\_ No \_\_\_\_

Landlord's name and phone: \_\_\_\_\_

Does your landlord require a pet security deposit Yes \_\_\_\_ No \_\_\_\_

4. Length of time at current residence?

Less than 1 year \_\_\_\_ (If selected, please provide previous address) 1-3 years \_\_\_\_ 3+years \_\_\_\_

Previous Address: \_\_\_\_\_

5. If you are planning on adopting a dog do you have a fenced-in yard? Yes \_\_\_\_ No \_\_\_\_

If you do not have a fenced yard, what arrangements do you plan to make for

exercise and toilet duties: \_\_\_\_\_

\_\_\_\_\_

6. If you are planning on adopting a cat, have you ever had a cat declawed or are you thinking about getting one declawed? YES \_\_\_ NO \_\_\_

ARC does not condone the declawing of cats. This is major surgery and a decision that should not be made lightly. Many cats never fully recover physiologically or psychologically from being declawed. We would like to discuss alternatives to declawing with you. Are you open to alternatives? YES \_\_\_ NO \_\_\_

7. Number of adults in home: \_\_\_\_\_

8. Number of children in home: \_\_\_\_\_ Age(s) of children: \_\_\_\_\_

9. Do you have a swimming pool? Yes \_\_\_ No \_\_\_

10. Have allergies to animals been a problem to any household member? Yes \_\_\_ No \_\_\_

11. Are all family members aware that you are considering adopting a pet? Yes \_\_\_ No \_\_\_

Do they all approve? Yes \_\_\_ No \_\_\_

Pet History:

1. Do you own other pets? Yes \_\_\_ No \_\_\_ Total number of animals: \_\_\_\_\_

If yes please complete information below:

Are they current on their vaccinations? Yes \_\_\_ No \_\_\_

Are your dogs on Heartworm preventatives? Yes \_\_\_ No \_\_\_

Do your cats go outside? Yes \_\_\_ No \_\_\_

Animal 1:

Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Age: \_\_\_\_\_ Neutered/Spayed? Yes \_\_\_ No \_\_\_ Length of ownership: \_\_\_\_\_

Animal 2:

Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Age: \_\_\_\_\_ Neutered/Spayed? Yes \_\_\_ No \_\_\_ Length of ownership: \_\_\_\_\_

Animal 3:

Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Age: \_\_\_\_\_ Neutered/Spayed? Yes \_\_\_ No \_\_\_ Length of ownership: \_\_\_\_\_

2. Have you had other pets in the last five years? Yes \_\_\_\_ No \_\_\_\_

What happened to them? \_\_\_\_\_

\_\_\_\_\_

3. Have you ever given up a pet for adoption? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

**Pet Information:**

1. Will there be someone home with your pet during the day? Yes \_\_\_\_ No \_\_\_\_

2. What is the greatest number of hours the pet will spend alone daily/nightly? Hours: \_\_\_\_\_

3. Where will the pet spend most of its time?

Crate \_\_\_\_ Indoors \_\_\_\_ Outdoors \_\_\_\_ Garage \_\_\_\_ Basement \_\_\_\_ Run \_\_\_\_

4. Is there someone home at night? Yes \_\_\_\_ No \_\_\_\_

5. What types of activities do you plan for you and your dog? \_\_\_\_\_

\_\_\_\_\_

6. Will your dog be off-leash? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you accept an animal that has a treatable medical condition? Yes \_\_\_\_ No \_\_\_\_

**Veterinarian Information:**

Name and phone of current veterinarian \_\_\_\_\_

Will you commit to having pet examined yearly by a licensed veterinarian and

providing adequate medical care? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

