

Date/Time Received _____ Initials _____

Approved: Yes / No



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Pre-Adoption Questionnaire

Welcome to **Animal Friends Humane Society**. We are glad you have come to adopt an animal from our shelter. We want to insure high compatibility between animal and adopter. Please answer the questionnaire completely. Thank you.

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License Number: _____ Driver's License State: _____

I am interested in adopting: Name _____ Puppy Dog Kitten Cat

Have I previously adopted from this shelter? Yes *When?* _____ No

I live in a: House Apartment Condo Duplex Mobile Home

I Own Rent: Landlord's Name (Required) _____ Phone: _____

If you rent, are pets allowed? _____ Is there a fee/deposit? _____ Has it been paid? _____

Are you aware that many insurance companies, apartments, and landlords do not allow all animal breeds? Yes / No

Are you planning on moving within the next 6 months? Yes / No Within the next year? Yes / No

If you do move, what will you do with your animal(s)? _____

My family consist of: Number of Adults: _____ Number of Children: _____ Age(s): _____

Does anyone in your household have pet related allergies? _____ How will they be addressed? _____

Are you: Working? _____ Retired? _____ Attending School? _____ Other? _____

Employer: _____ Position: _____

If you are not employed, please detail how you will pay for the care of this animal _____

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 then take over care. _____

How will your pet spend its day? (Check all that apply): Inside Outside Crated/Kenneled Garage Porch
 Fenced Yard Tethered/chained Barn Locked in a room

How will your pet spend its nights? (Check all that apply): Inside Outside Crated/Kenneled Garage Porch
 Fenced Yard Tethered/chained Barn Locked in a room Dog House

Other: Explain _____

Amount of time each day the pet will be left alone: _____

When alone, where will he/she stay? _____

Current Animal(s) Living in the Household

List all animals you currently own or live with.

	Animal Name	Breed	Sex (M/F)	Age	Spay/Neuter (circle one)	Vaccinations Current	Heartworm Prevention	Reside?	How long have you owned this animal?
1	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No	Indoor / Outdoor	_____
2	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No	Indoor / Outdoor	_____
3	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No	Indoor / Outdoor	_____
4	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No	Indoor / Outdoor	_____
5	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No	Indoor / Outdoor	_____
6	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No	Indoor / Outdoor	_____

Past Pet History

List the animals you have owned or lived with in the past but are no longer with you.

	Animal Name	Breed	Sex (M/F)	Spay/Neuter (circle one)	How long did you own this animal?	What happened to this animal?	When did this pet leave/die?	What was its age?
1	_____	_____	_____	Yes / No	_____	_____	_____	_____
2	_____	_____	_____	Yes / No	_____	_____	_____	_____
3	_____	_____	_____	Yes / No	_____	_____	_____	_____
4	_____	_____	_____	Yes / No	_____	_____	_____	_____
5	_____	_____	_____	Yes / No	_____	_____	_____	_____
6	_____	_____	_____	Yes / No	_____	_____	_____	_____

Veterinarian Information

Vet Clinic Name: _____ Phone #: _____

Veterinarian's Name: _____

Are your current pets up to date on vaccinations, heartworm preventative, flea and tick preventative, etc.?

YES NO

Are you aware that heartworm disease is common in dogs and that they require a monthly preventative for the rest of their life?

YES NO

I believe this animal will cost about (circle one) per month to keep. \$10 \$25 \$50 \$75 \$100

I have the ability to pay (circle one) for emergency veterinary care. \$75 \$100 \$200 \$300 \$500+

If I can not afford the animal's veterinary care, I will _____

Animals need time to adjust/acclimate to their new environment. How much time are you willing to give for this animal to adjust to your home? _____

Are you willing to provide extra time/training to handle adjustment problems? (potty training, obedience, etc.) YES NO

How will you solve any behavioral or housetraining issues that your new pet may develop? _____

I have concerns/would like more information on the following regarding this animal (circle all that apply):

Size Temperament Hair Obedience Energy Level Housetraining Other: _____

How did you hear about Animal Friends Humane Society? _____

I hereby certify that all the answers and statements made in the foregoing agreement are true and correct. I understand that giving false answer or statement may be grounds for denying an adoption or for revoking or rescinding an adoption. AFHS may send an officer to your home to verify conditions.

Adopters Signature (Required)

Signature

Date

YOU MUST SIGN A LEGAL ADOPTION CONTRACT WITH EVERY ADOPTION. QUESTIONS, PLEASE ASK!
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