

Bayer \_\_\_\_\_  
Trupanion \_\_\_\_\_  
Post Adoption Follow Up \_\_\_\_\_

## Humane Society of Washington County Adoption Questionnaire

ID#: P \_\_\_\_\_ HSWC Rep: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Animal Name: \_\_\_\_\_ ID#: A \_\_\_\_\_ Feline/Canine/Other \_\_\_\_\_

### **ADOPTER**

Name as it appears on the driver's license:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name if you cannot be reached: \_\_\_\_\_ Phone#: \_\_\_\_\_

### **HOUSEHOLD**

How long have you lived at the above address? \_\_\_\_\_ Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_

Have you lived at your current address less than 2 years? Please list previous address:

\_\_\_\_\_

List ages of all people in your home: \_\_\_\_\_

List names of all of the adults in your home: \_\_\_\_\_

Does everyone in your home know you want to adopt an animal? Yes No

Describe your household: Calm Busy/Active Noisy/Hectic

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Staff Review Initials \_\_\_\_\_

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**ANIMAL WISHING TO ADOPT:**

Reason for wanting to adopt this animal: \_\_\_\_\_

Where did you first hear about this animal? (Please circle all that apply)

Visiting the shelter Website Herald-Mail Facebook Adoption Event Friend WHAG Other\_\_\_\_\_

Where will this animal live? Inside Outside

If this animal is outside how will you keep it from running off of your property? \_\_\_\_\_

Who will care for this animal in case you have an emergency? Family members/Neighbors/Boarding

What would cause you to not keep this animal? Move Aggression/Bite Behavior Separation Anxiety

Allergies Destructive Behavior House Soiling Expecting a baby Other \_\_\_\_\_

Would you be willing to work with a trainer that uses positive reinforcement to resolve? Yes No

**LIST THE PETS CURRENTLY IN YOUR HOME:**

#of dogs\_\_\_\_\_ Are they all spayed/neutered? Yes/No If no, explain\_\_\_\_\_

#of cats\_\_\_\_\_ Are they all Spayed/Neutered? Yes/No If no, explain\_\_\_\_\_

#of Small Animals Guinea Pigs Gerbils Rabbits Rats Fish Turtles Horses Goats Chickens Etc....

**NAME OF YOUR VETERINARIAN OR VET CLINIC:**

\_\_\_\_\_ Phone# \_\_\_\_\_

The information I have provided is true. I understand any false statements or omissions will be considered during the process. I understand this questionnaire does not guarantee adoption of this animal.

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

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