

Humane Society of Washington County

Adoption Questionnaire

I.P. ID# P _____ HSWC Rep: _____ Date: _____ Time: _____ am/pm

Animal Name: _____ ID#: A _____ Feline/Canine/ _____

ADOPTER

Name: _____ Address: _____

City-State-Zip: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ State: ___ DOB: _____

Email Address: _____

Emergency Contact Name: _____ Phone Number: _____

HOUSEHOLD

How long have you lived at the above address? _____ Do you: ___ Own ___ Rent

If you are renting: Name of Landlord: _____ Phone Number: _____

List previous address if you have lived at above address for less than 2 years:

List ages of all people in your home: ___65 and over ___ 21-64 ___13-20 ___8-12 ___4-7 ___3 and under

List the names of all of the adults in the home: _____

Do all of the above people know you want to adopt an animal? Yes/No

Describe your household: Calm most of the time 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 meet or hear about this animal? (Please circle all that apply)

WHAG Herald-Mail Website PetSmart Shelter Facebook Adoption Event : _____
Other: _____

Where will this animal live? Inside only/Outside only Other: _____

How will this animal be confined to your property when outside? _____

Who will care for this animal in case of emergency: Other family members/Neighbors/Boarding facility/
Other: _____

What would cause you to return this animal? Move Expecting a baby Aggression/Bite Behavior
Allergies Separation Anxiety Destructive Behavior House Soiling Other: _____

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 Bird: _____ what breeds? _____ # of Reptiles: _____ what breeds? _____

#of Small Animals (Rabbits, Guinea Pigs, Gerbils, Rats, etc.): _____ what species? _____

#Fish tanks: _____ Other (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 adoption process. I understand this application does not guarantee adoption of this animal.

Signature: _____ Date: _____

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Because HSWC exists to serve the best interest of the animals in our care, any Adoption Counselor or Supervisor may deny the adoption of any animal at any time.