

Bayer _____
Purina _____
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: THANK YOU FOR COMING AND HELPING TO SAVE LIVES

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

Humane Society of Washington County a 501©3 Organization

Staff Review Initials _____

Page 1 of 2

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: _____

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.

Staff Review Initials _____

