



PRE-ADOPTION QUESTIONNAIRE

Thank you for considering adopting a shelter animal. This questionnaire is designed to help us help you find the right pet for your particular household. In order to be considered for adoption you must: 1) be 18 years of age 2) understand that the adoption counselor must approve your application and 3) have a current photo ID/State Driver's License.

Dog(s) Name you are interested in: _____ Date _____

Why are you interested in this particular dog(s)? _____

Mr. Mrs. Ms. Name _____

Names of other adults in your home _____

Street Address _____ P.O. Box or Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Drivers License/ID Number _____ State: _____ Expiration Date _____

Please answer the following questions as thoroughly as possible.

1. Do you: Rent _____ Own _____ Condo _____ Duplex _____
Live with parents _____ Trailer Park _____ Fraternity/Sorority _____

Landlord's Name _____ Phone # _____

Is there a size/weight/breed restriction? _____

2. Is this pet adoption for: Yourself _____ Immediate Family _____ Someone Else _____

3. If you had to suddenly move due to unforeseen circumstances what would you do with your pet? _____

4. Where will the pet be kept primarily: Indoors _____ Outdoors _____

Home _____ Garage _____ Basement _____ Backyard _____

Porch _____ Kennel _____ Crate _____

Where will the pet sleep? _____

5. Where will you keep the dog when no one is home? _____
6. Do you work: At home _____ Outside of the home _____ Student _____
How many hours a day are you generally away from home? _____
How many hours a day will this pet be left alone? _____
7. Are there any children in your household: Yes _____ No _____ Ages: _____
8. Is any member of your household allergic to pets? Yes _____ No _____
If yes, what type of allergies? _____
9. Have you had pets before: Yes _____ No _____
10. Have you ever had to re-home an animal? Please explain. _____

11. What makes you want to adopt a dog now? _____
12. How long have you been considering adopting a dog? _____

13. Is your yard fenced? _____ If not what will you do when your dog needs to go outside?

14. Are you aware of the lifelong financial responsibility a dog can be? _____
15. Are you prepared to take your dog to training/obedience classes if need be? _____
16. Are you prepared to house train an adopted dog? _____
17. Who is your family veterinarian or veterinary clinic? _____
City/State _____ Phone number _____

Adoption Counselor's Notes: _____

Please list all the animals that you have owned in the past.

Type/Breed	Sex	Age	Spayed/Neutered Yes/No	Yearly Vaccinations Yes/No	Monthly Heartworm Yes/No	Where is it now?

I, the undersigned, do hereby release Angels for Animals, its directors, officers, trustees, volunteers and representatives from liability to myself and/or my party for any damage, accident, or injury to person(s) or property incurred in relation to viewing of the animals under the control of the organization.

I hereby affirm that all of the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to adopt and Angels for Animals reserves the right to reject any application. I authorize Angels to verify any and all information set forth in this application. (Without your signature, we cannot process this application.) I give permission to accept my electronic signature as my legal signature.

Signature _____

**You may fax your questionnaire to (330) 549-5708.
Press start immediately after dialing.
Do not wait for a fax tone**