

# DELTA COUNTY HUMANE SOCIETY

## Adoption Questionnaire

PLEASE BE SURE TO ANSWER ALL OF THE QUESTIONS - THANK YOU!

Please note that filling out this questionnaire will not guarantee an adoption. You will be contacted by an adoption counselor for the remainder of the adoption process.

Your name:

Your street address:

City:

State:

Zip:

Your phone number:

Your email address:

Which pet are you interested in adopting?

Are you currently employed? Yes No

How long have you been working there?

Are you 21 or older? Yes No

Do you own or rent your home? Own Rent

If you rent, please give the name and phone number of your landlord.

PLEASE NOTE: Renters must provide written proof that they are permitted to have a pet. If your lease requires that you fulfill an extra requirement to have a pet (such as an extra security deposit), we'll need verification that this was done, also.

How long have you lived at your current address?

Do you anticipate moving anytime in the next few years? Yes No

How long have you been thinking about adopting a pet?

Where have you looked so far?

Why do you want to adopt this pet? (check all that apply)

Companion	For children	Gift	Company for other pet
Protection	To breed	Hunting	Other (please explain):

Where will this pet live?

Are you aware of the normal life expectancy of this pet? Yes No

What would you do with this pet in the event of a crisis? (Loss of job, having to move, etc.)

Do all adults in your home approve of adopting a pet? Yes No

Please give the ages of everyone living in your household.

If children are in the home, are you willing to educate and supervise in the proper care and treatment of this new pet?

Yes No No small children

This can include things such as making sure children don't let the pet out an open door by accident; and supervising the pet and children, as you teach the children safe behavior around pets (for safety, most experts recommend never leaving young children alone with a pet).

Who will be the primary caretaker of this pet?

Does anyone in your household have allergies to pets? Yes No Not sure

Would you object to a follow-up call or visit from DCHS? No Yes

Do you have any pets now? Yes No

**CURRENT PET(S)**

Name & Breed	Age	Sex	Altered?	How & Why Obtained?	How Long?

**PREVIOUS PET(S)**

Breed	Age	Sex	Altered?	Kept In/Out	What Happened?	What Year?

What is the name of your veterinarian or vet clinic?

What is the phone number of your veterinarian or vet clinic?

Why is spaying and neutering important?

What is your estimated annual cost for medical care, feeding, and licensing this pet?

Where will this pet be kept during the day?

Where will this pet be kept during the night?

If you go away on vacation/emergencies, who will care for your pet(s)?

How long will you give this pet to adjust to its new home?

How would you handle behavior problems?

For what reasons would you return this pet? (Check all that apply):

House soiling

Chewing

Biting/nipping

Scratching

Grew too large

Too much shedding

Could not control

Others in household didn't like/want

Poor hunter

Did not have enough time to spend with pet

Couldn't afford

Didn't get along with children

Other (please explain):

Is your yard fully fenced in? (Please note that a fenced yard is not required for adoption, except in special circumstances, but is highly recommended)

Yes No

If your yard is fenced, what type of fence is it?

Do you plan on taking this pet for obedience training? Yes No

How do you plan on housetraining this pet?

Do you own a crate? Yes No No, but plan to buy one

Do you know how to crate-train? Yes No I don't know what crate-training is.

THANK YOU FOR YOUR INTEREST IN ADOPTING A PET!