

Are there any pet restrictions associated with your home that you are aware of? _____

(Please understand that if for any reason your new pet violates any pet restrictions we will take the pet back, but your adoption fee is non - refundable.)

At anytime on a regular basis will your new pet live anywhere else other than the address listed above? _____

Animal History Information

| Name of Pet | Breed/Type of Pet | Spayed / Neutered | Vet Visit This Year | Rabies Vaccination | On Heartworm Prevention | Indoors, Outdoors, Both? |
|-------------|-------------------|-------------------|---------------------|--------------------|-------------------------|--------------------------|
| | | Yes No | Yes No | Yes / No Year: | Yes No | |
| | | Yes No | Yes No | Yes / No Year: | Yes No | |
| | | Yes No | Yes No | Yes / No Year: | Yes No | |
| | | Yes No | Yes No | Yes / No Year: | Yes No | |
| | | Yes No | Yes No | Yes / No Year: | Yes No | |

Veterinarian's Name / Clinic _____ Phone _____

Please take a moment to tell us about your home and expectations for your new pet.

I am adopting a pet today because _____

How would you rate your pet ownership experience level?

_____ First-Time Guardian _____ Have Had Pets in the Past _____ Very Experienced

What characteristics or behavior habits are you NOT willing to work with? _____

How will you train your new pet?

_____ At Home with the Family _____ Take a Class with a Trainer

_____ Use a Board and Train Facility

_____ I don't Know

_____ Other

Can you tell us how many consecutive hours a day will there be no one in the home? _____

Please tell us where your new pet will be

----when people are home _____

----when no one is home _____

----at night _____

How will you keep your new pet on your property when it is outside? _____

How big do you want your new pet to be when fully grown?

Small _____ Medium _____ Large _____ Extra Large _____ Any Size _____

Please tell us who/what you would like for your pet to get along with.

| | |
|--------------------------|-------|
| <input type="checkbox"/> | Dogs |
| <input type="checkbox"/> | Cats |
| <input type="checkbox"/> | Birds |

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Children under 12 |
| <input type="checkbox"/> | Children over 12 |
| <input type="checkbox"/> | Other: _____ |

Please tell us how you learned of the Humane Society

| | |
|--------------------------|--------------|
| <input type="checkbox"/> | Adopted Here |
| <input type="checkbox"/> | Radio |
| <input type="checkbox"/> | TV |

| | |
|--------------------------|--------------|
| <input type="checkbox"/> | Newspaper |
| <input type="checkbox"/> | Friend |
| <input type="checkbox"/> | Other: _____ |

Are there any other topics that you would like to know more about? _____
