****

**CAT PRE-ADOPTION QUESTIONNAIRE Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (We throw away after 30 days)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE Home or Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE OR PARTNER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU: □ Own your Home □ Rent or Rent to Own □ On College Campus □ Live with Parents or Family

If you rent/live on college campus/live with someone we will need the land owner’s information to verify able to have pet.

LANDOWNER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Student – where will pet go during holidays, summer, etc (we may ask to verify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many people live in the address above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ And if children what ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU: □ Working □ Retired □ Attending School □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If in School where will the pet be during holidays/summers, etc? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or does anyone living in your household have any known allergies to animals? \_\_\_ Yes \_\_\_ No

 If yes, to what kind (s) of animals and how severe are the allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to adopt a pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware some places/insurances have breed and size restrictions as well as a pet limit? \_\_\_\_\_\_ Yes \_\_\_\_\_ No

Preference as to breed, type, sex, age, size, length of hair, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a specific animal in mind from here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not - would you like us to keep this on file in case something comes through? \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

Is this your first experience with owning a pet? \_\_\_\_ Yes \_\_\_\_ No

Are you a previous adopter or how did you hear about our adoption service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be responsible for the care of the pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours a day will the pet spend alone, (without humans) ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ And kept where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of the fees involved with owning an animal including but not limited to annual vaccinations, grooming, licenses, heartworm and flea prevention medication, food, boarding, fecal exams, sickness, etc. and you are prepared to incur these costs?

 \_\_\_\_ Yes \_\_\_\_ No

Do you know if your current pet is : Dog Friendly: \_\_\_\_\_\_\_\_\_\_ Cat Friendly: \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_

What pets do you currently have in your household? If more than three, please use the back of the application.

 1) Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other

 Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Are they spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No Kept Where? \_\_\_\_ In \_\_\_\_ Out

 Name of Veterinarian who spayed/neutered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other

 Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are they spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No Kept Where? \_\_\_\_ In \_\_\_\_ Out

 Name of Veterinarian who spayed/neutered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other

 Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are they spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No Kept Where? \_\_\_\_ In \_\_\_\_ Out

 Name of Veterinarian who spayed/neutered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*PLEASE NOTE WE DO CHECK VETERINARY RECORDS FOR SPAY/NEUTER & VACCINE HISTORY

Please list pets owned/deceased in the past five years other than those listed above. If more than three, please use the back of the app.

 1) Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other

 Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Were they spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No Kept Where? \_\_\_\_ In \_\_\_\_ Out

 Time Owned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Happened to them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other

 Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Were they spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No Kept Where? \_\_\_\_ In \_\_\_\_ Out

 Time Owned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What happened to them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other

 Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Were they spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No Kept Where? \_\_\_\_ In \_\_\_\_ Out

 Time Owned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What happened to them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever surrendered to a shelter/rescue or given away pets previously, and if so why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is/has been your Veterinarian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s Phone and/or Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the veterinarian you plan on using for the newly adopted pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **For Cat Adoptions Only**Do you want a cat for (Check all that apply)\_\_\_\_ House Pet \_\_\_\_\_ Companion \_\_\_\_ Gift \_\_\_\_\_ Company for Other Pet \_\_\_\_ OtherWill the cat be allowed outdoors? \_\_\_\_ Yes \_\_\_\_ No If yes, under what circumstances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have a fenced yard? \_\_\_\_\_\_ If yes, how high is the fence and what type (chain,vinyl,wood)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you plan on having your cat de-clawed? \_\_\_\_ Yes \_\_\_\_ NoIf Yes – have you fully researched the long term health effects of declawing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Would you be open to other options such as nail caps, learning to trim nails, etc? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What will you do if your cat claws furniture or shows other destructive behavior? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please list two (2) personal references (not related to you & not related to each other):**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I certify that the information I have given is true, and I authorize the Humane Society of Harrison County, Inc. to contact Veterinarians, landlords, and references to investigate all statements in this application. I also understand, if for any reason, the Humane Society of Harrison County, Inc. has the right to do a home visit/check on adopted animal. I am not to rehome my animal until I have first spoken to the HSHC about returning.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner/Roommate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*We reserve the right to re-evaluate behavior issues and may refuse to take back in case animal needs returned\*\***

**\*\*PLEASE NOTE YOU MAY BE DENIED IF YOUR CURRENT ANIMAL(S) IS NOT SPAYED OR NEUTERED.**

**\*\*PLEASE NOTE YOU MAY BE DENIED IF YOU ALLOW THE ANIMAL OUTSIDE UNATTENDED.**

**\*\*PLEASE NOTE YOU MAY BE DENIED IF YOU PLAN ON DECLAWING THE CAT.**

**\*\*PLEASE NOTE WE RESERVE THE RIGHT TO DO A HOME VISIT BEFORE THE ADOPTION IS FINALIZED.**

**\*\*PLEASE NOTE WE RESERVE THE RIGHT TO RECLAIM OWNERSHIP OF THE ANIMAL IF WE FEEL THE ADOPTER VIOLATES THE ADOPTION AGREEMENT/BEST INTEREST OF ANIMAL.**

**FOR SHELTER USE ONLY!**

**DO NOT WRITE ON THIS PAGE!**

**STAFF:**

Review each question entirely before adoption is approved. If renters. Landlord information must be checked and completed in its entirety before adoption can take place. Sign your name and date the form for each adoption. Thank you.

**Renter Information**

Landowner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are pets allowed: \_\_\_\_ Yes \_\_\_\_ No

Does a deposit need paid, and if so paid before the animal leaves?

Are all questions filled out in their entirety? \_\_\_\_ Yes \_\_\_\_ No

Are they all answered in a satisfactory manner? \_\_\_\_ Yes \_\_\_\_ No

Are there any red flags or concerns/comments? \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No (If yes, please explain in space below)

Do Not Adopt Verified? \_\_\_\_\_Yes \_\_\_\_\_No

**I have read the application in its entirety and feel that the aforementioned**

**applicant is eligible for adoption**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSHC Staff Member Date

Rev D 06/29/2021