



We don't just place pets.
We complete families.

PRE-ADOPTION QUESTIONNAIRE

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

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 LANDLORD'S NAME: \_\_\_\_\_
[ ] Rent LANDLORD'S PHONE: \_\_\_\_\_
IF YOU RENT, DOES YOUR LEASE ALLOW PETS? \_\_\_\_\_
How long have you lived at the above address? \_\_\_\_\_
How many people live in the address above? \_\_\_\_\_
If there are children in the household, what ages are they? \_\_\_\_\_
E-MAIL: \_\_\_\_\_
ARE YOU: [ ] Working [ ] Retired [ ] Attending School [ ] Other: \_\_\_\_\_
EMPLOYER: \_\_\_\_\_ School: \_\_\_\_\_

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? \_\_\_\_\_

What kind of pet are you seeking to adopt? \_\_\_ Dog/Puppy \_\_\_ Cat/Kitten
Why do you want to adopt a pet? \_\_\_\_\_

Do you have any preference as to breed, type, sex, age, size, length of hair, etc.? \_\_\_ Yes \_\_\_ No
If yes, what are your preferences? \_\_\_\_\_

What pet are you interested in adopting? \_\_\_\_\_

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

What pets do you currently have in your household?

- 1) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
Are they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out
2) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
Are they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out
3) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
Are they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out

(If you have any other pets currently in your household, please use back of application)

Please list pets owned in the past five years other than those listed above.

- 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? \_\_\_\_\_

(If you have any other pets that you owned in the past five years, please use the back of application.)

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

Veterinarian's Phone: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

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 human companionship? \_\_\_\_\_

Where will it be kept when alone? \_\_\_\_\_

How did you hear about our adoption service? \_\_\_\_\_

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

**Please list two (2) personal references (not related to you):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**For Dog Adoptions Only**

Do you want the dog for a (Check all that apply)

House Pet  Guard Dog  Companion  Gift  Company for Other Pet  Other

Do you have a fenced yard?  Yes  No If yes, how high is the fence? \_\_\_\_\_

Do you realize you will probably have to houstrain your new dog or puppy?  Yes  No

What will you do if your dog chews your furniture or exhibits other destructive behavior? \_\_\_\_\_

Are you familiar with crate training?  Yes  No

Do you plan on taking your dog to obedience training classes?  Yes  No

How will you keep your dog confined to your property? (Check all that apply)

In House  Kennel  Fenced Yard  On Chain  Garage  On Leash\

**For Cat Adoptions Only**

Do you want a cat for (Check all that apply)

House Pet  Companion  Gift  Company for Other Pet  Other

Will the cat be allowed outdoors?  Yes  No

If yes, under what circumstances? \_\_\_\_\_

Do you plan on having your cat de-clawed?  Yes  No

What will you do if your cat claws furniture or shows other destructive behavior? \_\_\_\_\_

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.

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

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

**\*\*\*Any Animal Adopted Out Of Animal Control That Has Not Been In HSHC'S Possession Prior To The Adoption, Must Be Surrendered Back To Animal Control In The Event Of A Return Regardless Of The Reason\*\*\***

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

**\*\*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**

Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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