



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

DOG 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 : _____
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 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? If yes, how high is the fence & Type (chain,vinyl,wood)? _____

Do you realize you will probably have to housetrain 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 Will you be doing obedience training? Yes No

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

In House Kennel Fenced Yard On Chain On Tether Garage On Leash

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 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