



**Pre-Adoption Questionnaire
Dog/Puppy**

DL # _____

Animal Name: _____ Animal Number: _____

Where did you find out about this animal? (ex: social media, friend, etc):

Why are you interested in adopting?

Personal Information

1) Last Name: _____ First Name: _____

Address (**must be where the pet will reside**): Street: _____

Apt #: _____ City/State: _____ Zip Code: _____

Phone: _____ Email Address: _____

2) Have you ever been charged with a violent crime or animal abuse/neglect? Yes No

3) Your Occupation: _____ Employer Name: _____

4) If not employed, how will you financially pay for this pet? _____

5) Your Age: _____ **If under 21, please provide your guardian's name and phone number:**

Name: _____ Phone: _____

6) Do you live with: Spouse/Partner Roommates Parents Kids Alone

7) How many adults (21+) live with you? _____

8) How many children (<21) live with you? _____ Ages of children? _____

9) Do all members of your household know you plan on adopting a dog? Yes No

10) Does anyone residing in your household have any pet allergies? Yes No

If yes, please explain:

11) Are you a college student? Yes No

12) If yes, how will you care for your pet when on breaks or after graduation?

Lifestyle

13) What will your pet's primary living situation be?

- Indoor Outdoor Both

Please explain:

14) How many hours a day will the dog be home alone on a typical day? _____

15) When your dog is home alone, where will they be

16) How will you exercise the dog? (check all that apply):

- Leash walks every day Will have cable or dog run in the yard
- Will be free to run in a fenced yard Will have supervised access to an unfenced yard
- Will be free to roam around outside
- Will bring to a dog park (public area where dogs can run and play together off-leash)
- Other (please specify):

17) Is the yard size: Small Medium Large Acreage No Yard

18) Does a fence enclose the yard? _____ If yes, please specify the height and type of fence: _____

19) Type of residence: House Duplex/Townhome Apartment Other: _____

20) Do you own the property? Yes No

21) If you own your property, please provide your Homeowner's insurance company and phone number:

22) If you rent, please provide your landlord's name or the name of the apartment complex and a phone #:

23) How many pets are you allowed to have in your home? _____

24) Are there any size/weight/breed restrictions? Yes (specify) _____ No

25) Does your municipality have any Breed Specific Legislation? _____

26) What are your plans for your pet if you have to move?

27) If you go away for a few days, or on vacation, who will take care of this pet? _____

Other Pets/Experience

28) Do you or anyone you live with **currently** have any other pets? Yes (please list below) No

Species	Name	Age	Spayed/Neutered?	Indoor/Outdoor/Both?

If any of these animals belong to someone other than you (roommate/family member), please make note of that here and list their name (first and last):

29) Are all of the above animals up to date on all vaccines? Yes No I don't know

30) Are the dogs (if any) on heartworm prevention? Yes (specify brand)_____ No

31) If any of your pets are not spayed/neutered, please explain why:_____

32) Do you have a current Veterinarian? Yes (list below) No

Vet's Name:_____ Phone:_____

31) Have you owned any pets in the **past five years**? Yes (please list below) No

Species	Name	Age	Cause of Death	If not deceased, reason you no longer have this pet	Indoor/Outdoor/Both

Please list any veterinarians you have seen in the past:

34) Are you looking for a laidback pet? Not at all Somewhat Very

35) Are you looking for a playful/energetic pet? Not at all Somewhat Very

36) My dog needs to be good with: Adults Children Dogs Cats

37) Are you prepared and willing to provide training for problem behaviors (jumping, digging, housebreaking)?

No Training Some Training Extensive Training

38) How much do you expect to pay yearly to care for this pet for vet visits, food, general care, etc? (please

give dollar amount)_____

39) Are you prepared to handle an unexpected emergency vet bill?_____

40) Are you interested in adopting a special needs (behavioral or medical) animal?

Yes No Maybe

41) What bad habits would you find hard to tolerate?_____

42) What personality traits do you value most in a pet?_____

I certify that the above information is correct. I authorize the Humane Society of Eastern Carolina to contact my veterinarian, landlord/management company, or a family member if necessary. I understand that this form is not a guarantee or constitute an adoption agreement or contract.

Signature: _____ Date: _____

