

# Haven Humane Society Pre-Adoption Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

***This questionnaire must be completed by all persons interested in adopting an animal from Haven Humane Society.  
We strive to place our animals in permanent, caring and responsible homes.  
Please answer each question carefully and completely.***

- 1 Have you reviewed the Humane Society's Conditions of Adoptions? Yes No
- 2 Have you ever adopted an animal from Haven Humane Society? Yes No
- 3 Are you 18 years of age or older? Yes No
- 4 How long have you lived at the above address? \_\_\_\_\_
- 5 What type of animal are you looking for? Kitten Cat Dog Puppy
- 6 Why are you adopting an animal? (Please circle any of the following that apply)  
Family Companion Child's Pet Companion for other Animals Watchdog Hunting Dog  
Barn Cat/Mouser Guard Dog for Business Breeding Other
- 7 Are you or your spouse presently employed? Yes No
- 8 What is your occupation? \_\_\_\_\_
- 9 Are you interested in adopting for yourself, family, or someone else? \_\_\_\_\_
- 10 Do you own or rent your home? Own Rent House, Apartment, Mobile Home, Duplex
- 12 What is your landlord's name and phone number? \_\_\_\_\_
- 13 How many people live in your household? \_\_\_\_\_
- 14 Do all members know that you plan to adopt an animal? Yes No
- 15 Does any member of the household have allergies to animals? Yes No  
If yes, please explain. \_\_\_\_\_
- 16 Will this animal be left alone during the day? Yes No
- 17 Who will be responsible for taking care of this animal? \_\_\_\_\_
- 18 How many animals have you owned in the past five years?  
Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_  
What happened to them? \_\_\_\_\_
- 19 Have you had a cat die on your premises of distemper (panleukopenia), leukemia or unknown causes in the last three months? Yes No
- 20 Have you had a dog die on your premises of distemper, parvo, or unknown causes within the last three months? Yes No
- 21 Do you own any animals at the present time? Yes No  
If yes, what are they and how many? \_\_\_\_\_
- 22 Do they live inside or outside? \_\_\_\_\_

- 23 Where do they sleep? \_\_\_\_\_
- 24 Are your animal's vaccinations up to date? Yes No
- 25 Is/are your dogs licensed? Yes No
- 26 Are your animals spayed or neutered? Yes No
- 27 Do you agree to have this animal altered? Yes No
- 28 What is the name of your veterinarian? \_\_\_\_\_
- 29 Are you willing to go to the expense and trouble of taking your new animal to a veterinarian for full preventative and medical care? Yes No
- 30 Are you aware that inoculations (shots) and routine preventative vet care for a cat or dog typically costs between \$60.00 and \$100.00 per year? Yes No
- 31 Will this animal live inside or outside? \_\_\_\_\_
- 32 Where will the animal sleep? \_\_\_\_\_
- 33 Is there a yard available? Yes No
- 34 Is there a dog house? Yes No
- 35 Is the yard completely fenced? Yes No Height \_\_\_\_\_ Size \_\_\_\_\_  
 Type of construction: Wood Chain Link Other \_\_\_\_\_
- 36 If no fence, how will you keep this animal confined on the property? \_\_\_\_\_
- 37 Do you understand the possible hazards that may result from transporting a dog in an open truck bed?  
 Yes No
- 38 Please name some of these possible hazards \_\_\_\_\_
- 39 Would you transport your animal in this way? Yes No
- 40 What do you plan to do with this animal when you go on vacation? \_\_\_\_\_
- 41 Not all living arrangements allow animals. Should you have to move what are your plans for this animal?  
 \_\_\_\_\_
- 42 I authorize a representative of Haven Humane Society to inspect the animal and the premises where the animal is being kept at any time. Yes No

*Statement of Liability: The Society is not liable for medical expenses incurred after adoption. If, during the free health examination, the animal is determined to be ill it should be returned for exchange or refund of your spay/neuter deposit.*

Signature: \_\_\_\_\_ NAF Checked \_\_\_\_\_

**OFFICE USE ONLY**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Adoption Specialist \_\_\_\_\_

Comments:

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