



ADOPTION QUESTIONNAIRE

This questionnaire is intended to help determine if the proposed adoption is in the best interest of both the pet and your family.

Full Name _____ Date: _____

Physical Address w/zip code: _____

Mailing Address w/zip code: _____

Occupation: _____ Employer: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

Do you: OWN _____ *RENT _____ APT/CONDO _____ HOUSE _____

**Require proof that you are allowed to have pets if you live in rental housing or in a condominium with animal restrictions in the by-laws. We will need a letter from your landlord or lease that will verify that the animal(s) you are interested in do not violate your rental or condo requirements.*

How many adults live in your household? _____ Children _____ Ages of Children _____

Is this your first pet? _____ Do you have other pets? If so how many? _____ Dogs _____ Cats _____

Other _____ Type _____

Are they spayed and or neutered? _____ How long have you had them? _____

What is your reason/purpose for wanting to adopt? _____

How much time do you have to spend with your pet(s)? _____

Who will be responsible for the pet? _____

Where will the pet be kept? Indoors _____ Fenced yard _____ Tethered (rope/chain) _____

Patio/Deck _____ Other _____

Are you aware of and prepared for the financial commitment and responsibility of caring for a pet? (\$200 - \$400 per year jut for food and more for veterinary care) _____

Do you object to the animal being spayed/neutered? _____ Why? _____

I certify that the above is true and understand that false information may result in nullifying this adoption.

Signature

Date

The Humane Society of St. Thomas has the right to refuse adoption to anyone.

Approved _____ Disapproved _____ Date _____ Reason _____

Counselor _____ Comments _____
