



adoption questionnaire

53 Maple Avenue • Scotia, NY 12302 • (518) 374-3944 • www.animalprotective.org

Thank you for your interest in adopting a shelter pet. While our application may seem lengthy, it truly helps us to find the best match for you and your household. Please answer questions honestly. There are no right or wrong answers. Please print clearly.

Name Mr. Mrs. Ms. First _____ Last _____

Are you at least 18 years of age? Yes No

If you are 60 or older, please ask about our senior adoption program.

Name of spouse or roommate _____

Address _____

City/State/Zip _____

Home phone _____ Work phone _____ Cell phone _____

Do you own your home or rent? Own Rent Neither

What type of housing do you have? House Apartment Dormitory Mobile Home Duplex/Townhouse

Live with Parents Other _____

What type of pet are you looking for? Cat Dog Small animal (type) _____

Have you owned this type of pet before? Yes No

Why do you want to adopt a pet? (check all that apply)

Companion Gift Mouser Guard Dog/Protection Hunting/Herding For my children

Companion for other animal To breed For other activities (Agility, Therapy Dog, etc.)

Other _____

What personality characteristics would you prefer? _____

What activity level are you looking for? Low Medium High No preference

What sex? Male Female No Preference

Are you interested in a "special needs" pet that is older or has a manageable physical or medical condition?

Yes No Possibly

What pets have you owned in the past 5 years?

Type or Breed	Age	Sex	Spayed or Neutered?	Current on vaccinations?	If no longer owned, what happened to pet?

Please proceed to questions on back ...

What is the name of your veterinary hospital? _____

Including yourself, how many adults live in your household? _____

Are there any children living in your home? Yes No If so, what are their ages? _____

Are there any children who visit your home? Yes No

If so, what are their ages and how often do they visit? _____

Does any member of the household have asthma or animal-related allergies? Yes No

Are all members of the household in favor of adopting a pet? Yes No

Where will this pet be kept?

When someone is home: Indoors Outdoors

When no one is home: Indoors Outdoors

How many hours per day will the animal be left alone? _____

If adopting a dog:

How will the dog be confined when outside?

How will you exercise your dog? _____

Do you plan on taking a dog training class? Yes No

It may take some time for your companion to adjust to his or her new surroundings. How much time are you willing to give this adjustment period? _____

What will you do with your pet if you move? _____

Cats and dogs can live for 15 to 20 years. The average annual cost for basic care and supplies is \$1,000, but can be significantly higher if there are medical issues. Are you prepared to take on this responsibility? Yes No

We'd like to send you our e-newsletter. We will not share your address and you may unsubscribe at any time.

E-mail address _____

How did you learn about the pet you are interested in? APF Website Shelter Visit Newspaper Channel 6
 Pets on Demand Petfinder Radio Word of Mouth Other _____

Your name and address will be provided to Hill's Science Diet so they can send you additional information and coupons for Science Diet pet foods.

Please check here if you do not wish to have your name given to Science Diet.

FOR APF USE

Approved Not Approved Reason _____

Further action required _____

Staff name _____ Date _____

Type and number of applicant identification _____