

**HSLC ADOPTION QUESTIONNAIRE**

TODAY'S DATE: \_\_\_\_\_

Name of Pet you are applying for: \_\_\_\_\_ Dog or Cat?

This questionnaire will assist us in matching you with an appropriate pet. We will review it and provide a list of potential candidates for your consideration. Please be as complete and accurate as possible.

Adopter Name: \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**REFERENCES**

Veterinarian \_\_\_\_\_ Phone Number: \_\_\_\_\_ Years Used: \_\_\_\_\_

(3) personal references, **other than** your veterinarian. (**One family member only**)

\_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

**A. QUESTIONS REGARDING YOUR HOUSEHOLD AND LIFESTYLE**

1. Occupation \_\_\_\_\_ Employer's name: \_\_\_\_\_ Ph# \_\_\_\_\_

Employer's address: \_\_\_\_\_ city \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

How long employed with this employer? \_\_\_\_\_

2. Spouse/Partner Information

Spouse/Partner name: \_\_\_\_\_ Employer \_\_\_\_\_

Employer's address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

How long employed with this employer? \_\_\_\_\_

3. Do you own or Rent your residence? \_\_\_\_\_ Landlord \_\_\_\_\_ Ph. \_\_\_\_\_

Which of the following best describes your current residence? (*Please circle only one response.*)

Single home    Double home    Townhouse    Apartment    Mobile Home

How long have you lived at your current residence? \_\_\_\_\_

\* **PLEASE NOTE:** If you rent/lease your place of residence, a copy of your lease will be requested before the adoption can be finalized.

4. Previous Address? \_\_\_\_\_

5. Is this pet a gift? \_\_\_\_\_ For whom? \_\_\_\_\_

6. This pet will be kept.. (**Circle**)    Outdoors/Doghouse    Basement    Garage    In House

7. What arrangements do you have for providing proper exercise for a dog?

\_\_\_\_\_

8. Approximately how many hours each day do you anticipate that your new dog will be **alone**? (*Please circle only one response.*)    3hrs or less    3-6 hrs    6-8 hrs    8-12 hrs.

9. If you circled More than six hours or longer in Question #8 above, what provisions will you make for a dog to relieve itself and get exercise during your absence? (*Please explain*)

\_\_\_\_\_

10. Are there children at home? \_\_\_\_\_ How Many? \_\_\_\_\_ Ages \_\_\_\_\_

11. If you and your family are away, what arrangements will be made for the care of your pet? \_\_\_\_\_

**B. QUESTIONS REGARDING YOUR CURRENT AND PRIOR PET OWNERSHIP**

12. Have you owned dogs or cats before? \_\_\_\_\_ Where are those pets now? \_\_\_\_\_

\_\_\_\_\_

13. Have you adopted from us or another shelter or rescue group in the past? Where? When?

\_\_\_\_\_

14. Have you ever needed to bring an animal to a Shelter? \_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

15. What other animals currently live at your residence? *(Please list and explain each below)*

Name      Breed      Sex      Spayed/Neutered?      Age      Time Owned      Kept Where      Declawed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you, or any other member of your household, ever been investigated by any animal welfare organization, including the S.P.C.A., Humane Society, etc.?

\_\_\_\_\_

**C. QUESTIONS REGARDING THE PET YOU ARE SEEKING**

17. Why do you want to bring a cat/dog into your home at this time? \_\_\_\_\_

\_\_\_\_\_

18. Do you have any preference as to the age or gender of your new companion? *(Please circle all that apply)* Under 6 mos.      Under 1 year      1-2 years      2-4 years      4-6 years      6+ years  
Male      Female      No Preference

19. Breed preferences? \_\_\_\_\_

What is it that has generated your interest in this/these particular breed(s)? \_\_\_\_\_

\_\_\_\_\_

20. We recommend that each adopted dog should attend introductory "obedience training." Would a formal obedience training program be something that you would be interested in? *(If NO, please provide a brief explanation.)* \_\_\_\_\_

**D. MEDICAL/FINANCIAL**

21. Do you understand that this adoption commitment is for the pet's lifetime? \_\_\_\_\_

22. Are you financially prepared to give this pet yearly vaccinations, regular exams and the medical care it requires? \_\_\_\_\_

23. What is your view on spay/neutering your pets? \_\_\_\_\_

I/We have read and carefully answered each question on this Adoption Questionnaire and have provided truthful answers. I/We understand that in the event that false information has been given, we may be denied the right to adopt an animal and/or any animal placed in our care may be required to be returned and all fees paid by us will be forfeited. **I/We authorize our veterinarian to release information pertaining to the care of our present or previous pets. Please call 570-586-3700 after noon tomorrow to be sure application has been approved. Fax 570-586-4375**

\_\_\_\_\_  
Adopter's Signature

\_\_\_\_\_  
Date

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Case # \_\_\_\_\_ Rm.# \_\_\_\_\_      Approved \_\_\_\_\_ Refused \_\_\_\_\_      Initials \_\_\_\_\_ Date \_\_\_\_\_  
Dog \_\_\_\_\_ Cat \_\_\_\_\_      Reason \_\_\_\_\_  
Applicant Called \_\_\_\_\_ Date \_\_\_\_\_      Returns \_\_\_\_\_ Adoptions \_\_\_\_\_ Cruelty \_\_\_\_\_  
Date Filed \_\_\_\_\_      National Background Check \_\_\_\_\_