



Adoption Survey

Animal ID#/Name _____

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number: _____ Date of Birth: _____

E-mail Address: _____

Occupation: _____

I have a regular veterinarian: Yes No

My current veterinarians name: _____ Phone: _____

Pets I have owned in the last 3 years:

Pet's Name	Breed	Age	Spayed Or Neutered	Current on Vaccines	Do you still have the pet? if not, why?

Please list any other types of pets/animals you may have other than dogs/cats: _____

(Please circle one) I currently: Rent Own my own home Live with parents/relatives

Landlords Name and Phone Number: _____

I am adopting this pet for: Myself My Children/family A friend/relative

Please list how many children living in the household and their ages:

Is anyone in your household allergic to dogs or cats? Yes No

I prefer the following: Male canine Female canine Large Breeds Small Breeds
Energetic dogs lazy dogs Female cat/kitten Male cat/kitten

My pet will spend _____ hours alone during most days

My pet will spend the night (describe): _____

My yard is: Fenced Not Fenced

When outdoors my pet will be: In a fence An outdoor kennel Invisible fencing
Indoors only leashed/tied out Loose in my sight

I have _____ adults living in my home

Behavioral traits that I cannot stand in a pet (i.e. jumping, leash pulling)

I am willing to consult a trainer if my new pet has any behavioral issues: Yes No

The noise/activity level in my home is: Quiet Moderate Active

***Please contact your veterinarian to allow HSOMM to complete a veterinary records check on your current/past pets.**

PLEASE DO NOT WRITE BELOW THIS LINE- STAFF USE ONLY

VETERINARY CHECK COMPLETE Y N STAFF INITIAL/DATE: _____

LANDLORD CHECK COMPLETE Y N STAFF INITIAL/DATE: _____

APPROVED DECLINED PENDING CODE COLOR: Green Yellow Red Blue

COMMENTS: _____
