

HUMANE

SOCIETY OF FORSYTH COUNTY

a NO KILL shelter

Pre-Adoption Questionnaire for Dogs and Puppies

Please complete the following form and submit your pre-adoption application for review:

*** Required Entry**

Name*:

Home Phone*: Cell Phone:

Dog or Puppy applying for by name:

Dog or Puppy applying for by D or P #:

Address*: Apt.#

City*: State*: Zip Code*:

Do you: Work Attend School (Circle One)

Employer:

Work Phone:

Email Address:

Best number to call you

weekdays? Home Cell Work (Circle your preference)

The Humane Society:

How did you hear about us?

Would you like to find out more about volunteering, fostering, or socializing animals? Yes No (Circle One)

Have you ever had to turn an animal into a shelter before? Yes No (Circle One)

Have you ever applied to adopt an animal from the Humane Society of Forsyth County?* Yes No (Circle One)

Have you ever adopted an animal from the Humane Society of Forsyth County?* Yes No (Circle One)

If yes, who did you adopt?

Would you agree to a home visit from a Humane Society Volunteer as a condition of adoption?* Yes No (Circle One)

What would be the best time(s) for a representative of the HSFC to call or come to your home to check on the dog's well being?

Your New Dog or Puppy:

Why do you want a dog?*

Will it be indoors, outdoors, or both?* (Circle one) Where will he or she sleep?*

What percentage of time will the dog spend outside?* Inside?*

Who will be the primary adult responsible for training?*

Are all your current pets up to date on vaccines? Yes No (Circle One)

On Heartworm Preventative? Yes No (Circle One) If so, what kind?

On Flea Preventative? Yes No (Circle One) If so, what kind?

Please list all pets your family has owned in the past 10 years, including where they are now, Doctor that animal was seen by including Vet's phone number.

Do you give Humane Society of Forsyth County permission to contact vet? *

Veterinarian for your new pet: *

Practice Name: * **Phone: ***

Pet 1: Dog Cat Bird (Circle One) Where are they now?

Veterinarian Clinic/Doctor: Contact Information - phone:

Pet 2: Dog Cat Bird (Circle One) Where are they now?

Veterinarian Clinic/Doctor: Contact Information - phone:

Pet 3: Dog Cat Bird (Circle One) Where are they now?

Veterinarian Clinic/Doctor: Contact Information - phone:

More than 3? Yes No (Circle One) If yes, you can provide Humane Society of Forsyth County (HSFC) more details later.

How much would you expect to spend yearly on **routine** vet visits, health care, and food for this pet? * \$

(Expenditures include, annual vet checks and shots, healthy food, dental care, heartworm and flea preventative.)

Are you willing and able to make a commitment to do this routine vet/health care including heartworm and flea preventative every year? * Yes No (Circle One)

Do you agree, for the pets safety, to keep an ID tag on this animal at all times? * Yes No (Circle One) *The HSFC has provided one for each animal, or you may choose to purchase one with your information.*

***If Outdoors:** Is your yard fenced? Yes No (Circle One) If No, please explain how you will contain your new pet:

Do you have a pen or tie out? Yes No (Circle One) What accommodations can you make for weather extremes?

How often will you check food and water? *

***If Indoors:** Is your yard fenced? Yes No (Circle One) If No, how will he/she be taken out?

Have you ever housebroken a dog? Yes No (Circle One) Have you owned or lived with an indoor dog before? Yes No (Circle One) Have you ever "Crate Trained"? Yes No (Circle One) How many hours will the dog need to crated each workday?

Your Home and Family:

How many people in your home? * Do you have children in the home? * (Please choose one)

Yes No On the way

If Yes, what ages? Years Months Years Months Years

Months

Are the children experienced with dogs?*(Must choose one) Yes No Does Not Apply

Is an adult home during the day?*(Please choose one) Yes No

Do you rent or own home? * (Circle One) If you rent, are you allowed pets? Yes No Weight Limit? pounds Pet Deposit? \$

How long have you lived at your current address? * Years Months Do you plan to move in the next 12 months?*(Must choose one) Yes No

Do you agree to return your pet to HSFC if your conditions change and you are no longer able to care for your dog? Yes, I agree OR No, I disagree *

Are you willing to accept this pet as a part of the family, and give it a kind and loving home? Yes, I agree OR No, I disagree*

Are you at least 21 years of age? Yes, I agree OR No, I disagree * Date of birth?

I, _____ hereby certify that all the information above is true and correct and authorize HSFC to verify any and all information provided for purposes of adoption. I also understand that any untruthfulness will automatically cause my application to be declined.*