

PRE-ADOPTION QUESTIONNAIRE

DOG/PUPPY

Adviser _____ Status _____

Contact Information

Name (First)		(Last)
Street Address		APT #
City	State & Zip	
Home Phone	Cell Phone	
Email		

Is this a rental property? YES NO

Does your landlord allow pets? YES NO

Have you researched your landlord/
HOA's pet policy and limitations? YES NO

Number of **ADULTS** in the household:

Number of **CHILDREN** in the household:

Ages of **CHILDREN**:

Do any members of your household have allergies to dogs or cats?

On a typical day, how many hours will the dog will be alone?

When you are not at home, where will your pet stay?

How much activity are you prepared for?

What animal are you interested in meeting today?

CURRENT AND PRIOR PET HISTORY

Please list the pets that are or have been part of your family over the past 10 years. Please indicate their status using the following codes

0- Still Have

1- No Longer Have

Breed	Age	Species	Status
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	

My pets are:

Up-to-date on vaccinations? Yes No

Spayed or Neutered? Yes No

Under the care of a veterinarian? Yes No

Name of Vet Clinic _____

We are committed to positive reinforcement training. Can you continue with the same approach?

Are you looking for a guard dog or a primarily outdoor dog?

What traits or bad habits would you have a hard time tolerating or dealing with?

How much are you prepared to pay per year for the care of this pet (a healthy year typically costs \$1200)?

SIGNATURE AND CONSENT (over 18 years) X _____

I certify that this information is true and understand that false information may result in nullifying this adoption. I understand that this questionnaire remains the property of Seattle Humane.

Staff Use Only	AP
Adoption Date	_____
Animal Name	_____
Inc #	_____
Staff Initial	_____

Staff Use Only	HOLD	
Animal Name	_____	
Inc #	_____	
Staff Initial	_____	
PERSON ID:	_____	
Paid	Comp	Foster
_____	_____	_____

*****For Office Use Only*****

Reviewed By _____ Date _____ Computer Check _____ ID# _____

House Training	Crate	Activity	Intro to Pets	Intro to home	In/out	Cost
Breed Exp	All to meet	Dog Intro	Landlord	Medical Consult	Behavior Consult	Waivers

*****For Office Use Only*****