



## PRELIMINARY ADOPTION QUESTIONNAIRE

HTAS Card#: \_\_\_\_\_

Date: \_\_\_\_\_ Are you at least 18 years or older? \_\_\_\_\_

Is this animal for yourself and/or your family? \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

1. Why do you want to adopt a cat/dog? \_\_\_\_\_  
\_\_\_\_\_
2. What do you think are the most important responsibilities in owning a dog/cat? \_\_\_\_\_  
\_\_\_\_\_
3. Does the entire family want a pet? \_\_\_\_\_ Who will be responsible for caring for the pet?  
\_\_\_\_\_ Are all the members of your household aware you are adopting a  
pet? \_\_\_\_\_
4. Have you ever owned a pet before? \_\_\_\_\_
5. What happened to the pets that are no longer with you? \_\_\_\_\_  
\_\_\_\_\_
6. What is the name and phone number of your veterinarian? \_\_\_\_\_  
\_\_\_\_\_
7. How many people reside in your household? \_\_\_\_\_ Are there any children in your household?  
\_\_\_\_\_ If yes, what are their ages \_\_\_\_\_
8. Does anyone in your family have allergies? \_\_\_\_\_
9. Do you RENT or OWN?  
House    Townhouse    Condo    Apartment    Mobile Home    Live with relatives
10. If renting: Are pets allowed? \_\_\_\_\_ (We will need a rental agreement from landlord)
11. Who will be responsible for feeding, housebreaking and training the pet? \_\_\_\_\_
12. If you move, what will you do with your pet? \_\_\_\_\_

13. Is your yard fenced? \_\_\_\_\_ If so, what type of fence? \_\_\_\_\_  
 What portion of the yard is fenced and how high is the fence? \_\_\_\_\_
14. Where and how will you exercise your pet? \_\_\_\_\_
15. Where will the pet stay during the day? (Inside, outside, both)? \_\_\_\_\_
16. Where will the pet stay during the night? (Inside, outside, both)? \_\_\_\_\_
17. How many hours per day will the pet be alone? \_\_\_\_\_
18. How many hours per day will you be able to spend with your pet? \_\_\_\_\_
19. How will you housebreak the dog? \_\_\_\_\_
20. How frequently will the family be gone away from home on business/vacation trips? \_\_\_\_\_  
 \_\_\_\_\_
21. Who will take care of the pet while you are gone? \_\_\_\_\_
22. New pets need time to adjust. Are you willing to be patient and understanding while your new pet "settles in"? \_\_\_\_\_ How would you handle any potty accidents or mischievous behavior? \_\_\_\_\_
23. Have you ever adopted a pet from a shelter or sanctuary? \_\_\_\_\_ What happened to that pet?  
 \_\_\_\_\_
24. Do you have any pets at this time? (Describe) \_\_\_\_\_  
 \_\_\_\_\_
25. Can your vet verify that all your pets are current on their vaccinations? \_\_\_\_\_
26. How did you hear about Happy Tails Animal Sanctuary? \_\_\_\_\_
27. Please give us 3 references, including name, address and phone numbers:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I certify that the information provided on this form is true and accurate to the best of my knowledge. Falsification will be grounds for adoption denial and/or re-possession of the animal by Happy Tails Animal Sanctuary (HTAS). I hereby grant permission to HTAS to contact the above listed references, and other individuals they deem appropriate, for information regarding aspects of this adoption procedure. We further release and discharge the above listed references from any liability resulting from the release of such information as aforesaid.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

=====

For HTAS use only:  
 References checked: YES NO Other: \_\_\_\_\_  
 Animal adopted: DOG CAT Other: \_\_\_\_\_