

ADOPTION QUESTIONNAIRE

Date: _____



Name: _____ Spouse/Partner Name: _____
Mr. Ms. Mrs. Dr. Mr. Ms. Mrs. Dr.

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: () _____ Phone: () _____ Email: _____
Home Cell Other Home Cell Other personal work

Have you adopted from CHS in the past? No Yes If yes, date: _____

What are you interested in adopting? Dog Cat Other: _____

PETPOINT No || Adopt K9 Feline Other || Surr K9 Feline Other || Vol Donor Other Initials: _____

LOOKING FOR I am adopting this animal for: Myself My Family My Children Other: _____

I prefer a: Male Female No Pref. I prefer: Toy/Mini. SM M L No Pref.

I prefer an animal that is: <6 Months 7 - 12 Months 1-7 Years 8+ Years No Pref.

I prefer an animal with the following fur: Short Med Long Non-Shedding No Pref.

I prefer an animal with the following activity level: Low Moderate High

I don't mind if my cat has claws I prefer a cat that is declawed

My animal is going to live: Primarily Indoor Primarily Outdoor Equally Indoor/Outdoor

The most important characteristic of my new animal is: _____

HOUSEHOLD Number of Adults: _____ Number of Children: _____ Children's Ages: _____

Is anyone in household allergic to: Dogs Cats Hay Other Animals: _____ N/A

House Duplex Condo Apt. Other: _____ Ownership Status: Own Rent

LL Name / Housing Complex: _____ Phone: () _____

Pet Policies or Restrictions: Yes No Details: _____

CURRENT PETS Species: _____ Breed: _____ Sex: M F Age: _____

Species: _____ Breed: _____ Sex: M F Age: _____

Species: _____ Breed: _____ Sex: M F Age: _____

PREVIOUS PET EXPERIENCE _____

CHECKLIST	<input type="checkbox"/> Animal Record Review (Medical/Behavior)	Contract Review
	<input type="checkbox"/> Requirements for Adoption	<input type="checkbox"/> Transfer of Ownership
	<input type="checkbox"/> Customer Interaction with Animal	<input type="checkbox"/> Shelter Exposure Review / Known Conditions
	<input type="checkbox"/> Canine/Feline Interaction	<input type="checkbox"/> Waviers (LBA/Bite/etc.)
		<input type="checkbox"/> Introducing Pet(s) & Adjustment Period
		<input type="checkbox"/> First Vet Visit & State Rabies /License Laws
		<input type="checkbox"/> Returning/Rehoming
		<input type="checkbox"/> 24PetWatch Microchip / Pet Insurance Review
		<input type="checkbox"/> 24PetWatch/Bayer/Hills Consent <input type="checkbox"/> Opt-in <input type="checkbox"/> Opt-out
		<input type="checkbox"/> Personal Appearance Release & Photo

Counselor Initials: _____

Date Entered in PetPoint: _____