



of Southwestern Michigan

PO Box 407, St. Joseph, MI 49085 Telephone 269-934-7729

ADOPTION QUESTIONNAIRE

Please fill out this application completely. We consider an animal a pet for life and want to help you find the animal compatible with your lifestyle. The animal's welfare must be our foremost consideration. Filling out a questionnaire or a visit to a foster home does not guarantee that you will be the person selected to adopt that animal. Animal Aid has the right to decide to whom the animal will be adopted. We also have a "think it over period" in which we want you to see the animal, go home and think it over for at least twenty-four hours. Then if you decide you still want to adopt the animal let the foster person know.

NAME _____ DATE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

EMAIL ADDRESS _____

ANIMAL'S NAME INTERESTED IN _____ FOSTERED BY _____

ANIMAL VIEWED AT _____

1. Where do you live? Home, Apartment, Mobile Home, Parents (please circle one)
2. If renting: Name, address and phone number of Landlord _____

3. How long have you lived at this address? _____
4. Do you plan to move within the next year? _____
5. Number of children in the home: _____ Ages: _____
6. Type of Dog Wanted: Adult dog, puppy, male, female, housedog, house and yard dog, outside only.
7. When fully grown do you want a small, medium or large dog (please circle one)
- Type of Cat Wanted: Adult cat, kitten, male, female, inside, inside/outside, outside only (please circle one)
7. How many animals have you had in the last five years? _____
8. If not with you now where are they? _____

If deceased – what was the reason? _____

9. What pets do you currently have in your household? (more space required use back)

KIND	NAME	SPAYED/NEUTERED	OWNED HOW LONG

Are your current animals up-to-date on vaccination's etc? _____

(over)

10. Name of your veterinarian _____
11. Who will be responsible for this pet? _____
12. Where will this pet be kept during the day? _____ Night? _____
13. How many hours a day will it spend alone? _____ Where? _____
14. Do you have a fenced yard? _____ Outside kennel? _____
15. Who will care for the pet if you travel or are away any length of time? _____
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16. Are you aware that shots/routine preventative veterinary care often costs in excess of \$100 per year per pet? _____
17. Any objections to an Animal Aid representative calling to check on the animal? _____
18. Any objections to an Animal Aid representative visiting the animal where it is kept? _____
19. What are your reasons for adopting this pet? _____

Animal is required to be spayed/neutered by the time specified in the Adoption Contract. Do you agree to do so? _____

Animal Aid has the right to reclaim the animal if it is found to be abused or inhumanely treated.

Animal Aid does everything possible to ensure an animal is healthy but in many cases their backgrounds are unknown to us. Are you prepared to accept this uncertainty and provide necessary care? _____

Are you willing to give your new pet time to adjust to your household, if so, how much time are you willing to give the animal? _____

Again, a visit to the foster home or viewed on adoption day does not guarantee that you will be the person selected for that animal. We reserve the right to decide with whom an animal will be adopted. That does not mean you are not good caregivers but we felt the animal would thrive better with another family. We try very hard to find a family pet to fit your needs.

Do you know anyone involved with Animal Aid? _____ If So, Who? _____

Animal Aid has your permission to contact your Veterinarian and Landlord (if applicable) regarding your animal(s). _____ / _____

(Signature)

(Date)

(to be completed by Animal Aid)

Home visit done by: _____ Date: _____

Vet check done by: _____ Date: _____

Comments: _____

Approved: _____ Date: _____

(Foster Signature)