



**Pre-Adoption Questionnaire
Dog/Puppy**

DL # _____

Animal Name: _____ Animal Number: _____

Where did you find out about this animal? (ex: social media, friend, etc): _____

Why are you interested in adopting? _____

Personal Information

1) Last Name: _____ First Name: _____

Address (**must be where the pet will reside**): Street: _____

Apt #: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

2) Have you ever been charged with a violent crime or animal abuse/neglect? ☐ Yes ☐ No

3) Your Occupation: _____ Employer Name: _____

4) If not employed, how will you financially pay for this pet? _____

5) Your Age: _____ **If under 21, please provide your guardian's name and phone number:**

Name: _____ Phone: _____

6) Do you live with: ☐ Spouse/Partner ☐ Roommates ☐ Parents ☐ Kids ☐ Alone

7) How many adults (21+) live with you? _____

8) How many children (<21) live with you? _____ Ages of children? _____

9) Do all members of your household know you plan on adopting a dog? ☐ Yes ☐ No

10) Does anyone residing in your household have any pet allergies? ☐ Yes ☐ No

If yes, please explain: _____

11) Are you a college student? ☐ Yes ☐ No

12) If yes, how will you care for your pet when on breaks or after graduation? _____

Lifestyle

13) What will your pet's primary living situation be?

☐ Indoor ☐ Outdoor ☐ Both

Please explain: _____

14) How many hours a day will the dog be home alone on a typical day? _____

15) When your dog is home alone, where will they be: _____

16) How will you exercise the dog? (check all that apply):

- ☐ Leash walks every day ☐ Will have cable or dog run in the yard
- ☐ Will be free to run in a fenced yard ☐ Will have supervised access to an unfenced yard
- ☐ Will be free to roam around outside
- ☐ Will bring to a dog park (public area where dogs can run and play together off-leash)
- ☐ Other (please specify): _____

17) Is the yard size: ☐ Small ☐ Medium ☐ Large ☐ Acreage ☐ No Yard

18) Does a fence enclose the yard? _____ If yes, please specify the height and type of fence: _____

19) Type of residence: ☐ House ☐ Duplex/Townhome ☐ Apartment ☐ Other: _____

20) Do you own the property? ☐ Yes ☐ No

21) If you own your property, please provide your Homeowner's insurance company and phone number:

22) If you rent, please provide your landlord's name or the name of the apartment complex and a phone #:

23) How many pets are you allowed to have in your home? _____

24) Are there any size/weight/breed restrictions? ☐ Yes (specify) _____ ☐ No

25) Does your municipality have any Breed Specific Legislation? _____

26) What are your plans for your pet if you have to move? _____

27) If you go away for a few days, or on vacation, who will take care of this pet? _____

Other Pets/Experience

28) Do you or anyone you live with **currently** have any other pets? ☐ Yes (please list below) ☐ No

Species	Name	Age	Spayed/Neutered?	Indoor/Outdoor/Both?

If any of these animals belong to someone other than you (roommate/family member), please make note of that here and list their name (first and last): _____

29) Are all of the above animals up to date on all vaccines? ☐ Yes ☐ No ☐ I don't know

30) Are the dogs (if any) on heartworm prevention? ☐ Yes (specify brand) _____ ☐ No

31) If any of your pets are not spayed/neutered, please explain why: _____

32) Do you have a current Veterinarian? ☐ Yes (list below) ☐ No

Vet's Name: _____ Phone: _____

31) Have you owned any pets in the **past five years**? ☐ Yes (please list below) ☐ No

Species	Name	Age	Cause of Death	If not deceased, reason you no longer have this pet	Indoor/Outdoor/Both

Please list any veterinarians you have seen in the past: _____

34) Are you looking for a laidback pet? ☐ Not at all ☐ Somewhat ☐ Very

35) Are you looking for a playful/energetic pet? ☐ Not at all ☐ Somewhat ☐ Very

36) My dog needs to be good with: ☐ Adults ☐ Children ☐ Dogs ☐ Cats

37) Are you prepared and willing to provide training for problem behaviors (jumping, digging, housebreaking)?

☐ No Training ☐ Some Training ☐ Extensive Training

38) How much do you expect to pay yearly to care for this pet for vet visits, food, general care, etc? (please give dollar amount) _____

39) Are you prepared to handle an unexpected emergency vet bill? _____

40) Are you interested in adopting a special needs (behavioral or medical) animal?

☐ Yes ☐ No ☐ Maybe

41) What bad habits would you find hard to tolerate? _____

42) What personality traits do you value most in a pet? _____

I certify that the above information is correct. I authorize the Humane Society of Eastern Carolina to contact my veterinarian, landlord/management company, or a family member if necessary. I understand that this form is not a guarantee or constitute an adoption agreement or contract.

Signature: _____ Date: _____

[illegible]