



**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**): _____

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: _____

For HSEC Staff Use Only:

Adoption Counselor: _____

Approved? ☐ Yes ☐ No ☐ Pending

Notes (please list the date/time of all notes and initial): _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.