



212 Elm St.
Warren, PA 16365
(814) 726-1961

Animal #
Adopt. Date
Vet
Photos

PRE-ADOPTION QUESTIONNAIRE- DOG/PUPPY

Name
Date
Co-Adopter
Relationship
Address
City
State
Zip
Phone # Home
Cell
Work
Email

Photos required if out of Warren (3 Inside & 2 Outside).

Adopting a pet is a process with many steps that are designed to protect the animals and ensure a good match for both the humans and the animals, and ultimately find a good forever home for the animals.

HOUSEHOLD

How long have you lived at this address? Will you be moving in the next year? Yes No

Do you live in: House Apartment Upstairs Downstairs Mobile Home

Do you rent? Own? Lease / Option to buy? Rent land in a park?

Do you live with: Parent Spouse/Partner Roommate(s) Children Alone

Landlords Name Phone

How many adults in household? Children? List Children's Ages

For whom are you adopting this pet? Self Children Gift Family Other Pet Other

Who will be primarily responsible for the care and supervision of the pet?

Do other children or pets visit the home? Yes No When?

Do any household members have known allergies to cats? Yes No

Are you over 21 years of age? Yes No Are you a student? Yes No

Occupation Place of Employment

Spouse/Partner Occupation Place of Employment

Are you employed full-time or part-time? Work Shift? Daytime Evenings Nights

Are you retired? Yes No Receive SSI? Yes No Disability Income? Yes No

How did you hear of us? Pet finder Website Friend Previous Adoption Other

ANIMAL SELECTION

Why do you want to adopt this animal? _____

What type of dog do you prefer? Active Calm Housebroken Shedding? None Low Open

What size dog do you prefer? Tiny (1-10lbs) Small (10-25lbs.) Medium (25-50lbs.) Large (50-100+lbs.)
 Open

Is this your first dog? Yes No List the breed (s) of dog (s) you have had _____

Where will this dog be kept when you are home? _____ At Night? _____

Where will this dog be kept when left alone? _____

What will happen to this pet when you have an emergency or go on vacation? _____

Have you had experience crate training a dog? _____ Where did your last dog sleep? _____

How many hours a day will this dog be without human companionship? _____

Did you ever have a "bad" experience with owning a dog? Yes No Explain _____

In what name are your veterinary records listed? _____

Veterinarian/ Clinic Name _____ Phone _____

Please list the pets you have had in the past 5 years BOTH CURRENT AND PAST:

<u>Name/ Breed</u>	<u>Age</u>	<u>Sex</u>	<u># yrs. Owned</u>	<u>What happened to them?</u>	<u>Fixed</u>	<u>Vet</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Date of Last Veterinary Visit: _____ **Vaccines Given:** _____

In order for our staff to fulfill our adoptions policy requirements veterinary records must be released.

I hereby authorize the release of my veterinary records pertaining to the health and care of pets owned by myself currently and in the past to the Paws Along the River Humane Society.

Applicant Signature **X** _____

*The Humane Society staff reserves the right to request a home check by staff and/or to deliver the pet to your home.

I CERTIFY THAT THE ABOVE IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I understand this questionnaire remains the property of PAWS.

(Over 18 Signed X _____ Date: _____)

We choose homes based on the needs of each animal. Please be patient with us and allow our staff to show you several pets.