



DOG ADOPTION QUESTIONNAIRE

Date: _____

Staff member initials _____

Animal's Name: _____

Animal ID#: _____

Tell us about yourself:

Name(s): _____

Physical Address: _____

Mailing Address: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Employer: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Is this your first pet? Yes No

What pets have you owned? _____

Where these pets personally owned by you? _____

Tell us about members of the new pet's household:

How many adults live in the home? _____

We have kids (or kids frequently visit our home) Ages? _____

Who will be responsible for the pet? _____

What other pets do you have now?

We have _____ dog(s) We have small animal(s); type _____

We have _____ cats

Are your pets spayed/neutered? _____ If not, why? _____

Are they up to date on vaccines? Yes No

Are they on a monthly heartworm preventative? Yes No

Have you ever given up a pet? _____ If so, then why? _____

Who is your veterinarian (current or previous) _____

Vet's address: _____

Vet's phone: _____

Who is the pet listed under? _____

Please list the name of the pet(s): _____

***By providing this information, you are giving permission for HSSTT to contact this vet.
Please call your vet and ask them to authorize the release of information to HSSTT.**

Tell us about the pet's future home:

House Apartment Other _____

Do you Own Rent (Written landlord permission is needed for renters)

Will someone be home with the pet during the day? or will the pet frequently be alone?

Where will the pet be kept?

Indoors Fenced Yard Enclosed patio/deck Tethered (rope or chain)

Other _____

I CERTIFY THAT THE ABOVE IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

THE HUMANE SOCIETY OF ST THOMAS HAS THE RIGHT TO REFUSE ADOPTION TO ANYONE.

SIGNATURE: _____ DATE: _____

THANK YOU FOR CHOOSING TO ADOPT! YOU SAVED A LIFE TODAY