## **Pet Adoption Pre-Screening Questionnaire**

| Full Name   |
|---|
|   |
| Email Address   |
|   |
| Phone Number  |
|   |
| Home Address  |
|   |
| Type of pet you wish to adopt   |
| · · · · · · · · · · · · · · · · · · ·   |
| Preferred age of pet  |
| Why do you want to adopt a pet?   |
| This do you want to ddopt a pot:  |
|   |
| Who lives in your household? (adults, children, other pets, etc.)                   |
| who lives in your household: (addits, children, other pets, etc.)                   |
|   |
| Type of home  |
| Type of nome  |
| Do you have a fenced yard?  |
|   |
| How many hours per day will the pet be alone?                                       |
|   |
| Who will be responsible for the care of the pet?                                    |
|   |
| Do you currently have any pets? If yes, please provide details.                     |
|   |
|   |
| Have you had pets in the past? If yes, what happened to them?                       |
|   |
|   |
| What arrangements will you make for your pet when you travel or are away from home? |

| If you rent, does your lease allow pets? |   |
|--|---|
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| Any questions or comments?               |   |
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