

# Dog/Cat Pre-Adoption Questionnaire

Interested in:

(Dog/Cat  
Name)  
\_\_\_\_\_

547 Old McMahan Trl

Lockhart , Tx 78644

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City

\_\_\_\_\_  
St

\_\_\_\_\_  
Unit/Apt#

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Email Address

▪ Type of home (please circle)    Apt.    House    Other \_\_\_\_\_

▪ Do you own your home?    Y    N    For how long? \_\_\_\_\_

If you rent, please provide your landlord's contact information below. (your landlord will be contacted)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

▪ If you reside in an apt/rental home, have you checked with your landlord regarding their pet policy?    Y    N

How did you find out about Lockhart Animal Shelter? (please circle one below)

TV

Paper

Internet

Family/Friend

Facebook

Twitter

Other: \_\_\_\_\_

Your Veterinarian's Name or Practice Name. Phone#: \_\_\_\_\_

May we contact your Veterinarian for a reference?    Y    N    If not please explain: \_\_\_\_\_

Can your Veterinarian verify vaccination history on current or past pets?    Y    N    If not please explain: \_\_\_\_\_

Do all the members of your household want a new pet?    Y    N    If no, please explain: \_\_\_\_\_

Have you relinquished or given away any pets before?    Y    N

If yes, please explain the circumstances involving giving up your pet, i.e. to whom, why and when: \_\_\_\_\_

Is this adoption for (circle one):    Yourself    Family Pet    Companion for Pet    Working/Farm

Protection for home/Protection for business (please explain): \_\_\_\_\_

OVER

Are you 18 or older?            Y        N

Are you a college student?            Y        N

How many adults are in the household? \_\_\_\_\_ Children? \_\_\_\_\_ Children's ages: \_\_\_\_\_

Do any members of your household have allergies specific to animals?            Y        N

If yes, please explain: \_\_\_\_\_

Please list your current pets residing at your home (include roommates' pets as well)

Breed	Name	Age	Sex	Spayed/Neutered	Indoor/Outdoor	# yrs Owned
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1						
---	--	--	--	--	--	--

2						
---	--	--	--	--	--	--

3						
---	--	--	--	--	--	--

4						
---	--	--	--	--	--	--

Where will your new pet be kept when you ARE home? \_\_\_\_\_

Where will your new pet be kept when you are NOT home? \_\_\_\_\_

Do you have a fenced yard?    Y        N

If kept outdoors, how is your pet going to be confined (circle one)?    Zip Line    Chained    Fenced    Other: \_\_\_\_\_

Total length of time outdoors: \_\_\_\_\_ Type of Shelter: \_\_\_\_\_

Type of shade provided: \_\_\_\_\_

In a 24-hour day, how long would the pet be left alone at a given time? (circle one)

2-4 hours                      4-8 hours                      8-12 hours                      12+ hours

Given the possibility of housebreaking difficulties, please describe your expectations on this tedious and sometimes frustrating task:

Who would ultimately be responsible for the socialization and training needs of your new pet?  
{circle all that apply)

Parent	Daughter	Son	Grandparent	Other family member
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The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship. Remembering you are applying for a lifetime companion, are you willing to make the investment in both time and finances (up to \$1000 annually) to care for and properly manage your new pet?    Y        N

Would you be willing to allow a representative make a home visit at a mutually agreed upon time?

Y        N            If no, please explain: \_\_\_\_\_