

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): _____

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
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

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: _____