

P.O. Box 104
 Richmond Hill, GA 31324
 912-727-2694
 www.bac.petfinder.com

Adoption Questionnaire

Name	Home Phone	Work Phone
Address	Email Address:	
Job description and Location		

Will your residence work for a pet?

Do you: Own Rent

If renting, have you verified that you are allowed to have pets? Yes No

If yes, please supply landlord's name and #:

Do you live in a:	What type of neighborhood?
<input type="checkbox"/> House	<input type="checkbox"/> City
<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Suburban
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Rural

Do you have a yard? Yes No

Is your yard completely fenced? Yes No

How high is your fencing? 3' 4' 5' and above

Do you have a pool? Yes No

If yes, is it fenced? Yes No

Household Info

Are you adopting this animal for someone else? Yes No

How many people live in your household? _____

Do you have children? Yes No If so, please list sex and ages:

Have your kids ever been around pets? Yes No

Do you have the right lifestyle for a pet?

How many hours a day will someone be home with your pet? _____

Where will the pet stay when no one is at home?

Fenced yard Fenced yard, chained Unfenced yard
 Outdoor run Garage Crate
 In house, confined In house, unconfined

Other _____

Where will the pet stay if/when you travel?

General Pet Knowledge Info

Have you ever owned a pet? Cat(s) Dog(s)
If yes, please list previous pets on the back of this sheet

Do have any current pets? Yes No
If yes, please list current pets on the back of this sheet

Were they adopted from an animal agency? Yes No

Are (were) they spayed/neutered? Yes No

Who is your veterinarian?

Cat Owners Only: (Info on current or previously owned cats)

What brand of food do you use? _____

What type of flea control do you use? _____

Is your cat current on shots? Yes No

Do you test for Feline Leukemia/Feline AIDS? Yes No

Is/are your cat(s) declawed? Yes No

Why you would like to own a pet:

A companion for self

Companion/playmate for children

Companion for another pet

House guard

Who will be the primary caretaker of this pet? (Feeding, cleanup, etc.)

Dog Owners Only: (Info on current or previous owned dogs)

What brand of food do you use? _____

What type of flea control do you use? _____

What type of heartworm preventative? _____

Is your dog current on shots? Yes No

Have you ever attended obedience classes? Yes No

Do you have experience with Houstraining Crate Training

Type/Breed	Spayed/Neutered?	How long owned?	Indoors/Outdoors?	Age?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	

Previously Owned Pets				
Type/Breed	Spayed/Neutered?	How long owned?	Indoors/Outdoors?	Where is pet now? If deceased, cause of death?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	