

St. Martin Humane Society

Pre-Adoption Questionnaire - NOT an Adoption Contract

PLEASE PRINT ALL INFORMATION

Is there a specific pet in our care that you are interested in?

Please tell us why you want to adopt this pet:

Contact and personal information

Applicant's First Name: Last Name: Age:

Co-Applicant's First Name: Last Name: Age:

Street Address:

City: State: Zip Code:

Mailing address (if different):

Home Phone:

Cell Phone:

Work Phone(s):

Email Address:

Do you live with: Spouse/partner Roommate(s) Parents Family Alone

How many adults (21 and older) in your household (not including you or the co-applicant)?

How many individuals under 21 in your household (not including you or the co-applicant)?

What are the ages of the individuals under 21?

Dog(s) you are interested in adopting – Other pets and experience

Is there a specific dog from our web site that you are interested in?

Who is the dog primarily for: Adult Child Elderly

Do the individuals in your household share your interest in adopting a dog?

Who will care for, train and exercise the dog?

Are you familiar with the use of a dog crate to train the pet during your absence or at night?

Have you ever sold given away surrendered a pet? If yes, please specify why:

Please list all the pets you have owned in the past, starting with the most recent ones:

Pet #1:

Species and breed:

Sex: Spayed/ Neutered?

Do you still have this pet?

If no, what happened to the pet?

Pet #2:

Species and breed:

Sex: Spayed/ Neutered?

Do you still have this pet?

If no, what happened to the pet?

Pet #3:

Species and breed:

Sex: Spayed/ Neutered?

Do you still have this pet?

If no, what happened to the pet?

Pet #4:

Species and breed:

Sex: Spayed/ Neutered?

Do you still have this pet?

If no, what happened to the pet?

Please provide the full name, address, and phone number of your current veterinarian:

Name:

Phone:

City: State:

Where do you purchase heartworm preventative ?

N/A from a veterinarian (specify below) from another source (specify below)

Name:

Phone:

City: State:

Please identify any other veterinarians that you have used for the past three years:

Name:

Phone:

City: State:

Living situation and lifestyle

Do you live in a house or an apartment?

How long have you lived at your current address?

Do you own or rent?

Renters: Please provide Landlord's name and phone number:

Renters: Do you have the permission of your Landlord to have a dog? If so up to what size?

Dog's living situation (check all that apply):

- Dog will be house pet, living inside with family
- Dog will live in basement or garage
- Dog will live outdoors
- Dog house provided
- Guard dog for business
- Guard dog for residence
- Other - please specify

Where will the dog sleep at night?

Will the dog be allowed in the house?

Do you have a yard?

Is your yard fenced?

Type of fence? (include Height, Width, and Length)

May we visit your home prior to adoption approval?

How long daily will the dog be left alone (without humans)?

Where will the dog stay when left alone?

How will you exercise the dog? (check all that apply)

- Leash walks every day
- Will have cable or dog run in the yard
- Will be free to run in fenced yard
- Will have supervised access to unfenced yard
- Will be free to roam around (Off leash and unsupervised in unfenced area)
- Will bring to dog park (Public area where dogs can run and play together off-leash)
- Other - please specify

If you do not have a fence, will you install one?

Approximate size of dog's yard area:

Will your dog receive formal obedience training?

Are you aware that routine costs of maintaining a dog average \$500 a year?

Please tell us a little of your lifestyle, your family including any special activities in which your dog would be included. (If you have any special requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle):

When you move what will you do with your dog?

In case you have to evacuate because of a natural disaster, where will your pet(s) stay?

What would you do if the pet becomes very ill?

How far will you go with treatment?

Do you understand the state and local ordinances concerning licensing and leashing?

Have you, or any member of your family/household been cited for leash law violations or cruelty to animals in the past? If YES please specify:

I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/we also understand that completion and submission of this pre-adoption questionnaire does not guarantee adoption of dog. I hereby permit the St. Martin Humane Society to contact my Veterinarian(s) and Landlord, if applicable.

Applicant's Signature:

Date:

Applicant's Signature:

Date:

Please save the file and email your completed Adoption Application to stmartinHS@gmail.com