



# THE HUMANE SOCIETY OF · TAMPA · BAY

## ADOPTION QUESTIONNAIRE

Before meeting with any animals, we ask that you complete this form. Humane Society of Tampa Bay Adoption Counselors and Volunteers consult this information to ensure the animal you want to adopt is best suited for your family, your home and your lifestyle.

Adopter's Name(s): \_\_\_\_\_  
First M.I. Last

Address Where Animal Will Reside:

\_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_  
City State Zip Code

I own this property \_\_\_\_\_ Rent this property \_\_\_\_\_ Other \_\_\_\_\_

If you rent are you allowed to have pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ DL \_\_\_\_\_  
Number State

Are you 18 years or older? \_\_\_\_\_ Are you a U.S. citizen? \_\_\_\_\_

### FOR HSTB USE ONLY

Verified by: \_\_\_\_\_ Handouts given: \_\_\_\_\_


Time Application Turned In: \_\_\_\_\_ Date: \_\_\_\_\_


Card #: \_\_\_\_\_ Name of Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_


Breed: \_\_\_\_\_ Adoption Counselor: \_\_\_\_\_


Outcome: \_\_\_\_\_ DOD: \_\_\_\_\_ FV: \_\_\_\_\_ Release Date/Time: \_\_\_\_\_


Notes: \_\_\_\_\_  
\_\_\_\_\_


 Are you interested in adopting a: Dog\_\_\_\_ Puppy\_\_\_\_ Cat\_\_\_\_ Kitten \_\_\_\_\_?


 My pet must get along with: Children\_\_\_\_ Elderly People \_\_\_\_\_ Cats\_\_\_\_ Dogs \_\_\_\_\_


 Have you owned a pet in the last 3 years? Yes\_\_\_\_ No\_\_\_\_


 Please list breeds and ages of other pets currently owned: \_\_\_\_\_  
\_\_\_\_\_

 I would like a pet as a: Family companion\_\_ Gift\_\_ Guard dog/Personal protection\_\_ Companion for other animal\_\_ For my children\_\_ Yard/Farm dog\_\_ Stress/Anxiety reduction\_\_ Other\_\_\_\_\_


 I am looking for a pet that is: Calm\_\_ Active\_\_ Friendly\_\_ Aggressive\_\_ Independent\_\_ Playful\_\_ Laid back\_\_ Good with kids\_\_ Good with other animals\_\_ Other\_\_\_\_\_

 When I am home, my pet will be: Loose in the house\_\_\_\_ In the yard\_\_ Crate in the house\_\_ Garage\_\_ Confined to one room\_\_ Other\_\_\_\_\_


 When no one is home, my pet will be : Loose in the house\_\_\_\_ In the yard\_\_ Crate in the house\_\_ Garage\_\_ Confined to one room\_\_ Other\_\_\_\_\_


 On average, my pet will be alone for \_\_\_\_\_ hours every day and on average I will spend \_\_\_\_\_ hours every day interacting with my pet.

 I am prepared to spend: No time\_\_ Some time\_\_ A lot of time\_\_ training my pet.

 How much time are you willing to commit to allow your new pet to fully adjust to it's new home? Up to one week\_\_ Up to one month\_\_ Up to four months\_\_ Up to six months\_\_ More\_\_

 For what reasons would you return a pet to us? \_\_\_\_\_

 Who will primarily be responsible for the care and financial responsibilities associated with this pet? Self\_\_ Spouse\_\_ Children\_\_ Parent\_\_ Friend\_\_ Other\_\_\_\_\_

 I would like to discuss the following topics with my adoption counselor (please circle): Diet/nutrition, Diseases/viruses, Vaccinations, Cost, Exercising, Introducing to other pets, Housebreaking/litter training, Introducing children, Declawing/scratching objects, Teething/biting, Chewing, Heartworm prevention, Flea/Tick prevention, Crate training, Digging, Jumping, Barking, Obedience training, Other\_\_\_\_\_

By signing below I affirm that the information contained in this form is accurate to the best of my knowledge. I understand that animal adoption is dependent upon the Humane Society of Tampa Bay Adoption Counselor's approval of this application and is unique for every animal and that I am not guaranteed an animal. By choosing to adopt an animal, I understand that I will be required to make a considerate commitment of time and money to this animal for up to 20 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_