

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

County: _____

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: _____


Approved By: _____ 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: _____