



AURORA ANIMAL HOSPITAL

PRE-ADOPTION QUESTIONNAIRE/APPLICATION

You must COMPLETE ALL QUESTIONS on the form before viewing our adoptable animals.

Please DO NOT leave any blanks.

Which of our pets are you interested in adopting?

Your Name _____ Age _____

Date _____

Address _____ City/State _____

Zip _____

Home Phone # _____ Work # _____ Other

What species of animal are you looking for?(circle) **Dog** **Cat** **Other (What?)**

Do you want a specific breed? Name Breed(s)

What size animal do you want?(Circle) **Small** **Medium** **Large** **X-Large**

What age animal would you like?(Circle) **Baby** **Young** **Adult** **Senior**

What type of animal do you want? (Circle ALL that apply).....

Gift **Companion** **House Pet** **Outdoor Pet** **Indoor/Outdoor Pet** **Guard Dog**

Barn Cat **Mouser**

If this pet is for a gift, for who? _____ Does person know they are getting a pet? **Yes** **No**

How many people live in your house? ____ Does everyone in the household know you are getting a pet? **Yes** **No**



Does everyone in the household agree to get this particular type/size/breed/age pet?

Yes No

If no, who does not agree and why?

Does anyone in your household have allergies to animals? Yes No What kind of pet allergy?

Have you owned a pet before? Yes No Do you own any pets now? Yes No

List the pets (still have or passed on) you have owned, list current pets first. (Complete on back if needed)

Name/Species / Male/Female / Spayed/Neutered / Inside-Outside / Pet Age /

What happened to pet?

Ex. Fido - Pit Bull / Male / No / Outside / 10months /

Moved,brought to shelter

_____ / Male Female / Yes No / Inside Outside / _____ /

_____ / Male Female / Yes No / Inside Outside / _____ /

_____ / Male Female / Yes No / Inside Outside / _____ /

_____ / Male Female / Yes No / Inside Outside / _____ /

_____ / Male Female / Yes No / Inside Outside / _____ /

Do you (circle)... Go to the vet Once a year Do my own shots Go to vet only when needed No vet

Have your pets produced any puppies or kittens? Yes No What type of pet? _____ How many litters? _____

What happened to them? _____ How many of these litters were intentional on your part? _____



Housing (circle) Own Rent Live with parent Live with someone else

(circle)Apt House Duplex Mobile/Court Other If renting: Are pets allowed? Yes No

What is the size limit on pets? _____

Do you have a fenced yard? Yes No How high is fence? _____ Circle: Wood Chain Vinyl
Other

Is there any gaps between fence and ground? Yes No May we come and do a house/yard visit? Yes No

Are there any cracks or broken areas where pet can escape? Yes No

Are you planning to ever move? Yes No If so, what will happen with this pet? (think realistically) _____

Will anyone be home during the day? Yes No If so, who? _____ List ages of children in house _____

How/Where will you keep your pet during the day? (Circle One): Inside Outside Specific Area? _____

How/Where will you keep your pet at night? Inside Outside Kennel In my bed!

If you are considering a cat, where will you keep the litter box? _____

Do you know that cats have to be house trained? Yes No How do you plan to do this? _____

If you are considering a dog, have you ever house trained a dog? Yes No

How do you intend to house train this dog? _____

Have you ever heard of "crate training"? Yes No Would you like information on crate training dogs? Yes No

How much of the 24 hour day will this animal be kept inside? _____

How many hours a day do you have to spend time with/train this animal (don't count sleeping hours)? _____

How will this animal be cared for if you are gone on a trip? Boarded Pet Sitter Family Member Friend



If you plan to leave this pet with friend/family, has this person already agreed to care for your pet? **Yes No**

Do you want your new pet to be spayed or neutered? (fixed) **Yes No** Why?

Do you know about heartworms? **Yes No** Do you plan to use Heartworm prevention **every month? Yes No**

Do you intend to fully vaccinate your pet (4 sets) and continue to vaccinate him/her every year? **Yes No**

Have you ever taken an animal to the shelter? **Yes No** If so, why?

Do you know that pets can live 10–18 years and longer? **Yes No** Are you willing to make a lifetime commitment to this pet even when you move? **Yes No**

At this time, are you financially prepared for expenses involved in pet ownership (food, litter, shots, vet visits, shelter, grooming, emergencies) Yes_____ No_____

References: List two references (not related to you) and one veterinarian (name, city, phone number)

Reference

#1_____

Reference

#2_____



Reference #3 Veterinarian Name or Clinic _____ Phone

By signing this form I agree to allow Aurora-Companion Animal Hospital to be able to view and discuss my current and previous pet's records.

Landlord's Name _____ Phone

By signing this form I agree to allow Aurora-Companion Animal Hospital to contact my landlord and discuss my rental agreement only as it pertains to housing pets.

Why do you feel you should be allowed to adopt this pet?

What do you have to offer this pet?

I hereby certify that the information on this questionnaire is true, I understand that should I adopt an animal, falsification of any information may result in my returning this animal.

Applicant's Signature _____

Date: _____