



**ADOPTION SURVEY**

Date \_\_\_\_\_

LFAW is committed to finding permanent, responsible, loving homes for all our animals. Please complete all questions below to help us find you the right pet for your home! *The adoption process includes this survey, then an interview, and approval/denial.* **LFAW reserves the right to refuse an adoption to anyone for any reason.** Thank you for your time and cooperation. Please Initial: \_\_\_\_\_

**I. ADOPTER INFORMATION**

Name: \_\_\_\_\_ Are you over 18?  Yes  No

Number of adults in household including yourself: \_\_\_\_\_

How many persons under age 18 live in your residence? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Do all of the adults in your household know that you are planning to adopt a new pet?  Yes  No

Does anyone in household have pet allergies?  Yes  No

Who will be the primary person responsible for this pet? \_\_\_\_\_

Do you:  Work full-time  Work part-time  Attend school  Retired  Other: \_\_\_\_\_

What major lifestyle changes do you anticipate in the next two years? Check all that apply:  
 Moving  Marriage  College  New baby  Other: \_\_\_\_\_

**II. PET INFORMATION**

Who is the pet for?  Self  Children  Other \_\_\_\_\_  Gift (for whom?) \_\_\_\_\_

Why are you looking to adopt a pet? \_\_\_\_\_

My new pet will live:  Indoor  Outdoor  Other: \_\_\_\_\_

If you are interested in a DOG, please check all that you would consider:  
 Puppy  Adult  Senior  
 Small (<25 lbs.)  Medium (25-50 lbs.)  Large (>50 lbs.)

How will the dog get exercise? \_\_\_\_\_

If you are interested in a CAT, please check all that you would consider:  
 Kitten  Adult  Senior  
 Short hair  Long hair  Specific color \_\_\_\_\_

What characteristics are you looking for in a pet? Check all that apply:  
 Good w/kids  Energetic  Likes to run  Protective  De-clawed  
 Good w/cats  Good w/adults  Laid-back  Therapy or Service Animal  
 Good w/dogs  Other: \_\_\_\_\_

Please list pets you have had over the last five years:

<u>Type/Breed</u>	<u>Sex (M/F)</u>	<u>Spayed or Neutered?</u>	<u>Age</u>	<u>Kept where?</u>	<u>Still own?</u>	<u>If not, what happened?</u>
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
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_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Have you adopted from another rescue group or shelter in the past?  Yes  No

If yes, what organization? \_\_\_\_\_ When? \_\_\_\_\_

What do you feel is a proper adjustment period for you and your new pet? \_\_\_\_\_

How would you handle any behavior problems? \_\_\_\_\_

What circumstances or issues would give rise to your considering returning or rehoming this pet?

List name and phone number of your current veterinarian/animal hospital or the veterinarian that you will use:

We will review the pet's medical history with you before finalizing an adoption. Please check additional topics you would like to discuss:

- Basic Training                       Crate-Training                       Leash Training                       Socialization
- House Training                       Litter Box Training                       Pet Introductions                       Puppy/Kitten Proofing
- Microchips                       Flea/Tick Prevention                       Declawing Cats                       Heartworm Prevention
- Finding a Trainer                       Finding a Veterinarian

What other questions/topics you would like to discuss? \_\_\_\_\_

**III. RESIDENTIAL INFORMATION**

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Do you:**  Own your home     Rent your home     Live with family     Other: \_\_\_\_\_

**Type of residence:**  House     Condo     Townhouse     Apartment     Mobile home

Do you have a fenced yard?     Yes  No    Type of fence: \_\_\_\_\_    Height: \_\_\_\_\_

If you do not have a fence, would you consider getting one?    Yes    No    If yes, what kind? \_\_\_\_\_

**If you rent:**

Landlord's name and phone number: \_\_\_\_\_

What are your pet restrictions (type, breed, number, weight)? \_\_\_\_\_

*I attest the above information is true and accurate.* \_\_\_\_\_  
*Signature* *Date*

**How did you hear about us?**

- LFAW.org                       Facebook                       Petfinder                       Petango                       League Lines/League Links
- Google                       Friend                       Volunteer                       Former Adopter                       Family Member
- Offsite adoption event                       Promotional Event                       Other \_\_\_\_\_

Front Desk Initials \_\_\_\_\_

Adoption Counselor Initials \_\_\_\_\_