



Name of animal you are interested in: _____

A dog may live for 15 or more years.

We hope you are prepared to make a commitment to this pet for its lifetime.

Our primary focus of concern during the adoption process is the future welfare of the animals we have rescued. All of our dogs are indoor pets only; their primary living space will not be outside, in a basement, garage, screened in porch, or any area other than the main living quarters. We ask that you answer the following questions. Please do not consider this an invasion of your privacy. We want this to be a wonderful experience for you and your family, but our primary responsibility is the future health, welfare and happiness of the animals in our care. Often we get multiple questionnaires filled out for the same pet. When this occurs, we will consider all inquiries and select the home that we believe is best suited to meet the needs of the pet. Questionnaires that are not entirely filled out will not be considered.

Filling out this questionnaire does not guarantee your adoption of this pet.

POTENTIAL ADOPTER

Your Name _____ Home / Cell Phone # _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Will the animal live at the address listed above? Yes No

Are you under 18 years of age? Yes No

How long have you lived at the above address? _____

Check one: ___House ___Condo ___Apartment ___Townhouse ___Mobile Home

Do you: ___Own ___Rent ___Live with parent's ___Live with roommate(s)

If you rent, do you have the landlord/manager's permission to have a pet? ___Yes ___No

If yes, Please provide the name and phone number of manager/landlord so we can confirm the pet policy?

How many adults live in your household? _____ Do they all want a pet? _____

Are you employed? Yes No Where? _____

How long? _____ Work Phone # _____

Do you or your spouse/partner have a job that requires relocation? ___Yes ___No

If so, how often do you relocate? _____

If you relocate, what will you do with your new pet? _____



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Who will be the primary caregiver of the pet? _____

How many children? _____ please give ages: _____

Do you or anyone in the family have allergies to animals? _____ Yes _____ No

ABOUT OWNING A PET

Please check the reason for adopting a new pet: ___ Family pet ___ Companion for another pet
___ Companion for you if other, please explain: _____

It may take your new pet a month or longer to adjust to its new home. Are you prepared to allow this much time? _____ Yes _____ No Concerns? _____

Is your backyard fully fenced? _____ Yes _____ No

If you do not have a fenced yard, how will you provide for the safety of your new family pet? _____

Type of street you live on: ___ Busy ___ Slight traffic ___ Country ___ Residential neighborhood

Where will your new pet live? _____

Where will your pet stay when no one is at home? _____

How many hours a day will your pet spend alone? _____

How will your pet be cared for when you are out of town? _____

How many hours of socialization a day will you provide? _____

What activity level do you think this pet will have once he/she is an adult? ___ Low ___ Moderate ___ High

How do you plan to exercise your pet? _____

If the animal you are considering adopting is a puppy, what size adult dog do you think he/she will grow up to be? ___ Small ___ Medium ___ Large

Puppy training takes a lot of time and energy. Who will be primarily responsible for the training? _____

List some of the problems associated with raising a puppy: _____



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As a potential new pet owner, what behaviors are you not willing to tolerate from a pet?

What will you do to correct the behaviors you have just listed? _____

What could happen to this animal if you do not?

Keep the vaccinations current? _____

Give it heartworm preventative? _____

Give it flea and tick preventative? _____

The cost of owning a dog/puppy can be estimated at \$1200-3600 per year.

ABOUT YOUR CURRENT OR PAST PETS

Are you a first time pet owner? _____ Yes _____ No

Have you ever adopted a pet from GHHS or another humane society? _____ Yes _____ No

Provide details: _____

How many pets do you have now? _____ Are they all spayed or neutered? _____ Yes _____ No

What are their names and breeds? _____

Please give history of previously owned (no longer living in the home) pets and what happened to them:

Did any of the previous pet die of Parvo, Distemper, Heartworms or any unknown disease in the past 12 months? Yes No if so, where did these animals live? Indoor Outdoor Both

Are they current on all their vaccinations? _____ Yes _____ No

Do you use heartworm prevention and flea/tick prevention? _____ If so, which brands do you use?

Have you ever turned an animal in to a humane society, animal control (pound) or euthanized an animal?

_____ Yes _____ No Please explain: _____



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Do you realize that if your pet is not provided with the appropriate attention and affection, he/she may experience loneliness, boredom, frustration, depression, etc.; this may translate into your pet's destructive behavior such as inappropriate chewing, barking, digging, aggression, etc.? _____ Yes _____ No

Do you realize that young children should not be left unsupervised with any animal? _____ Yes _____ No

Do you realize that proper pet care includes planning and providing for your pet's needs? This includes puppy-proofing your home, making kennel reservations when you plan your family vacation, visiting the veterinarian if your pet acts unusual, scheduling an annual exam BEFORE the vaccine expires, etc. _____ Yes _____ No

GHHS REQUIREMENTS

We make a home visit prior to placing dogs. Do you consent to a home visit as part of the pre adoption process? _____ Yes _____ No

Please list convenient days and times: _____

If you have existing pets we like to bring the new dog to make sure they will get along. Do you consent to the new dog coming to the home visit? _____ Yes _____ No

We verify previous veterinary histories. Do you mind if we check with your veterinarian(s)? Yes No
 Which veterinarian's practice /Clinic have these animals received their care? Please give the name and phone number: _____

Some veterinarian requires your authorization to speak with us will you contact them and provide that authorization? _____ Yes _____ No

Your application will not be processed without a veterinarian reference from a clinic that you have used and that can verify the treatment that your past and present pets have received, unless you are a first time pet owner. First time pet owners without a veterinary reference must consent to three and six month home visits and wellness check for their new pet.

This form is property of Georgia Heartland Humane Society and will not be shared with any other individual or rescue group.

Potential Adopter's Signature _____ Date _____

GHHS Adoption Coordinator _____ Date _____

Your signature above guarantees that the information you have provided is accurate and truthful.