

Adoption Questionnaire

Name * _____

E-mail Address * _____

Address* _____

City * _____ State _____ Zip Code * _____

Cell phone number * _____ Work Number _____ Phone Number (Home) * _____

Name of pet(s) you are interested in. _____

If considering a Pit bull or Pit mix, have you check with your homeowners insurance to see if they allow this breed? Yes No

Will you take this pet to a veterinarian within 7 days of adoption? * _____

Are you aware that puppies & kittens need a series of vaccinations?
Up to 4 months of age and adult dogs need boosters? Yes No

Are you aware that heartworm prevention is highly recommended for dogs? Yes No

How many adults are in your household, including yourself? * _____

How many children (under 18)? Please list their ages... * _____

Do you have children visiting on a regular basis? * _____

Who will be responsible for feeding, housebreaking, and training? * _____

Is every member of the family in agreement to adopt this pet? * Yes No

Does any member of your family have allergies or asthma? * Yes No

How many hours a day will this pet be alone during the day (on a regular basis)? * _____

Where will this pet stay during the day?* _____

If your answer is outside, will the pet have shelter (dog house)* Yes No

Where will this pet stay during the night?* _____

Where will this pet sleep (be specific)? * _____

If applicable, where do your current pets sleep? _____

Do you live in a*: Home Apartment

Do you own or rent? * _____

Are you certain that your landlord allows pets? Please circle one Yes No

If you rent, what is the name and number of your landlord?* _____

If you had to suddenly relocate or had other drastic lifestyle changes that made it hard to keep your new pet what would you do with him/her? *

Do you have a completely fenced yard? * Yes No

If yes, what type of fencing?* _____

If you **do not** have a fenced yard how do you plan to keep this pet in your home?* _____

Will you allow your pet to ride in the open back of a pick-up truck? * Yes No

How do you feel about chaining or tying a dog?* Agree Disagree

Have you ever had a pet before? * Yes No

How long did you have your pet? _____

If you no longer have this pet...why? _____

If applicable, are your current pet(s) spayed or neutered (altered/fixe)? Yes No

If no, please tell us why not..._____

How often do you plan to exercise your dog? * _____

Do you have a current vet? If so, please provide his/her name, vet office name, phone number, and city. *

CHAT of Wakulla Agreement of Understanding:

I understand that I am making a lifelong commitment to the pet I am adopting.

I am herewith advised and understand that animals from the CHAT Adoption Center are rescue animals, and as such may have been exposed to a variety of diseases. Like human illnesses, these disorders can have an incubation period of several weeks. The animal I am adopting is to the best of CHAT's knowledge in good health. The animal has been tested for heartworms, has received boosters and heartworm preventative medicine while in CHAT's care. **I understand that the adopted pet has to be seen by a veterinarian within 7 days of adoption to start it on a program of preventative care. If the animal is too young to be spayed/neutered on the adoption day, the spay/neuter date specified by the adopting C.H.A.T. representative will have to be adhered to.**

I understand that I am responsible for all costs associated with the care of the adopted animal once it leaves the Adoption Center.

I was also advised that I can return the adopted animal within 14 days of adoption, and will be given a full refund, should it turn out that the animal is not compatible with our family. In order to receive my refund all medical paperwork and vouchers given to me at the time of adoption have to be returned with the animal.

Adopter

Date

C.H.A.T. Representative