



Animal Name: _____

Pet Adoption Questionnaire

Name _____ Home Phone _____

Address _____ Cell Phone _____

City, State, Zip _____ Work Phone _____

Email _____ Ages of Children _____

List Full Names of Adults in Home _____

Is Your Home a: House Apartment Condo Trailer Do You: Own Rent

Person in Home Most Responsible for Care and Training _____

Are You Adopting as a Gift? Yes No The Gift is for: _____

Is This Your First Pet? Yes No My Pet Will Live Mainly: Indoors Outdoors Both

Do You Currently Have Other Pets? YES NO If YES, Please List Below:

DOG	CAT	BREED / TYPE	SEX	AGE	FIXED	VACCINATIONS CURRENT
<input type="checkbox"/>	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do You Have a Veterinarian? Yes No Vet's Name _____

What Behavior(s) Would Not Be Acceptable? (i.e., chewing, housesoiling, etc.) _____

Please check any topics you may have questions/concerns about that you would like to discuss with us:

- Introducing to other pets
- Housebreaking/Litterbox issues
- Training needs
- Pets and Children
- Other behaviors
- Other _____

I certify that all of the above information is true and accurate. I understand that if I adopt a pet from the Friendship Animal Protective League this document becomes part of the adoption record:

Signature: _____ Date: _____

FAPL Staff Internal Use ~ Reviewed By _____

LC _____

VC _____

MG _____

Driver's License # _____

ID Issue Date _____ ID Expiration Date _____