

New Albany/Floyd County, Indiana Animal Shelter Adoption Questionnaire

Date_____

Name_____ Age_____

Driver's License #_____

Address_____

City_____ State_____ Zip_____

Phone (home)_____ (work)_____

Our goal is to make the best match possible for the pet and your household. You can help us do this by providing the following information. Please understand that this questionnaire is not an adoption contract. If you need more space for your comments, use the back of the page.

I ___own ___rent my home. ___Live with parents.

My home is a: ___house ___apartment ___condo _____other.

My landlord's name is: _____

Landlord's Phone (____)_____.

Landlord's address _____

City_____ State___ Zip _____.

There are _____(##) adults in my family.

There are _____(##) children, ages _____.

I have ___ pets at home.

They are:

Name _____ Dog ___ Cat ___ Other_____ Spayed/neutered ___Yes ___No.

My veterinarian is _____. I authorize the NAFC shelter to contact him/her for information _____. (*Initials*)

I have had ___dogs ___cats ___other pets before. (*Please explain what happened to them*).

_____.

I want to adopt a ___dog ___cat _____(other pet).

Breed preference _____. Size preference _____. I want to adopt this pet because:

_____.

My new pet will sleep (*where*)_____.

My pet will be alone _____ (#) hours per day.

I have a fenced-in yard. ___ Yes ___ No. (If yes, type and size)_____.
(If no fence) I will keep my pet confined by _____.

If I adopt, I understand that my pet will be spayed or neutered by a specified date. _____.

I expect it will cost \$_____to care for my pet properly for the next year. (Consider food, vet care, inoculations, and license fees.)

If my adopted pet does not work out, I will _____.
I have adopted pets from this shelter before. ___Yes When? _____. ___ No.

I understand that since most shelter animals have unknown medical backgrounds, I must be prepared to take my adopted pet to a local licensed veterinarian within 3 working days for a complete physical examination and any necessary medical treatment, and that I will be financially responsible for all medical treatment now and for the life of my pet. _____.

(Initials)

The New Albany/Floyd County Animal Shelter makes no representations or guarantees about any animal's temperament or health, and the city of New Albany/Floyd County Animal Shelter is not liable for any future injury or damage that may be caused by this animal.

I have read and understand all of the above.

(Signature)

Staff Initials: _____