



ADOPTION QUESTIONNAIRE

As the area's premier no-kill shelter, the Humane Society of Sarasota County engages the hearts, hands, and minds of the community to help animals. We want to ensure that each person who adopts a pet is aware of the responsibility and commitment that a pet needs. This questionnaire will aid us in finding the perfect match for you. The adoption experience takes some time because we want you to have all the necessary information to support you in a successful adoption. We ask for your cooperation throughout the process of bringing people and pets together.

I am interested in adopting: **Dog** **Cat**

You must be at least 18 years of age and be able to present photo ID to adopt a pet. All pets must leave in carriers or on a leash.

Name:		Date of Birth:
Street Address:		Apt/Unit #:
City:	State:	Zip:
Primary Phone:	Secondary Phone:	Email:
Type of Residence: (i.e., House, Duplex, Apartment, etc.)		Ages of children that will have regular contact with adopted pet:
Property Manager/Landlord's Name and Phone:		
Veterinary Clinic's Name (if no veterinarian, would you like help finding one?)		Veterinary Clinic's Phone:

Current Pets	You and Your Household	Discussion Topics								
Type/Breed _____ Age _____ Sex _____ Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No Does Pet Live <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both How long have you been caring for this pet?	<ul style="list-style-type: none"> • <u>Prior Animal Experience:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Childhood pets <input type="checkbox"/> First time pet parent <input type="checkbox"/> Have had 1-3 <input type="checkbox"/> Owned many animals <input type="checkbox"/> Previous HSSC Adopter <input type="checkbox"/> Surrendered an animal • <u>Time away from home:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Home all day <input type="checkbox"/> Away part time 4-7 hrs. <input type="checkbox"/> Away full day 7-10 hrs. • <u>Where will this pet be during:</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center;">the Day</th> <th style="width: 50%; text-align: center;">the Night</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Indoors</td> <td><input type="checkbox"/> Indoors</td> </tr> <tr> <td><input type="checkbox"/> Outdoors</td> <td><input type="checkbox"/> Outdoors</td> </tr> <tr> <td><input type="checkbox"/> Indoors w/outdoor access</td> <td><input type="checkbox"/> Indoors w/outdoor access</td> </tr> </tbody> </table>	the Day	the Night	<input type="checkbox"/> Indoors	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors w/outdoor access	<input type="checkbox"/> Indoors w/outdoor access	What would you like more information on: <ul style="list-style-type: none"> <input type="checkbox"/> Training Classes <input type="checkbox"/> House/Litter Box Training <input type="checkbox"/> Medical Care <input type="checkbox"/> Nutrition <input type="checkbox"/> Pet Introductions <input type="checkbox"/> Children Introductions <input type="checkbox"/> Appropriate Toys <input type="checkbox"/> Dog Starter Kit <input type="checkbox"/> Cat Starter Kit <input type="checkbox"/> Other: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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AT TIME OF ADOPTION

You consent to Pethealth Inc., its subsidiaries, affiliates, trademarks, brands, and partners contacting you and collecting, using and disclosing your personal information to third parties for the purpose of providing you with electronic messaging and telephone communications.

Do you consent? Yes No

Email: _____

All dogs and cats will be microchipped as part of your adoption fee. Please provide an emergency contact for 24PetWatch microchip. Your emergency contact may be someone outside of your immediate household.

Emergency Contact Name: _____ Phone #: _____

INFORMATION TO BE COMPLETED BY STAFF

Matchmaker's Name: _____

Animal Name: _____ Primary Hold # _____

Animal Name: _____ Primary Hold # _____

Today is ____/____/____. HSSC will hold the animal until: ____/____/____ @ _____pm.

Initial: _____ Date: _____ Time: _____

Check Appropriate Box(s) for Hold:

Too Late to Complete Adoption

Dog Intro

Medical Hold

Previous Appointment

K-9/Feline Coach Consultation

Other _____

HOLD POLICY

The hold fee is \$10.00 for adult pets. **Holds cannot be placed for pets under 6 months.**
The hold fee does not apply to the adoption fee. The hold fee is mandatory and is non-refundable.