



ADOPTION QUESTIONNAIRE

YOU AND YOUR FAMILY:

Name of Adopter #1 _____
Email address for microchip registration (required): _____
Address _____ City/State _____ Zip _____
Home Ph. _____ Cell Ph. _____ Work Ph. _____
Employer _____

Name of Adopter #2 _____ email _____
Address _____
Home Ph. _____ Cell Ph. _____ Work Ph. _____
Employer _____

How many children and what age live w/you? _____ Any other adults? _____

Do you own or rent? _____ house/ apartment/ duplex/ condo/ mobile home (please circle one)

If rent, Landlord name and ph.# _____

Do you have a fenced yard? _____ Approximately how high? _____

Do you plan to move within the next year? _____

Will you dog be tethered? YES _____ NO _____

Tell us about the pets living with you at this time: (use back if needed)

Breed	Age	Spayed/Neutered?	Up to Date on Vaccines?	How long owned?

Tell us about the pets you have had in the past five years, but no longer have:

Breed	Spayed/Neutered?	How long owned?	What happened to pet?

Who is your Veterinarian? _____

Were/Are any of these pets adopted from Nassau County Animal Services? _____

Where do your current animals live during the day and at night? _____

Is anyone in your household allergic to dogs/cats? _____

(Over please)

YOUR NEW FAMILY MEMBER:

Why do you want to adopt this pet? _____

How will you exercise your new pet and how often? _____

Where will this pet sleep at night? _____

How many hours per day will it be alone? _____

Where will pet be kept when no one is home? _____

What do you estimate the cost of owning this pet will be? _____

Who will be financially responsible for this pet? _____

Who will be responsible for this pet's care/training? _____

This pet may or may not be housetrained. How will you handle this situation?

What do you know about Heartworm prevention? _____

How will you prevent fleas on pet/in your home? _____

Are you willing to make a commitment for the next 10-15 years to this pet? _____

Please sign indicating the statements you made above are true, understanding that any false statements will be consideration for denial of your application.

Adopter signature

Adopter signature

Office use only:

Animal Control # _____ Cage/Kennel # _____

Animal Description _____

Circle one: Approved Pending Denied

Comments: _____

Vet appointment, where and when _____

Adoption Counselor/Coordinator Signature & Date:

*****By signing this application I hereby acknowledge that I am willing to receive email and txt updates from Nassau County Animal Services.