

Office Use Only

Applicant Info _____

General Info _____

Pet Info _____

(initial above when checked)



Denied _____

Approved _____



STAFFORD ANIMAL SHELTER



POCKET PET ADOPTION QUESTIONNAIRE

ANIMAL'S NAME: _____

APPLICANT INFORMATION

Name _____ Date _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

How long at this address? _____ Any plans to move? _____

Number of people in household _____ Does anyone in household have allergies _____

Number of children, if any, and their ages _____

Are all household members aware of and agree to this adoption? _____

Are you presently employed? _____ Full time _____ Part Time _____ Work at home _____

Student _____ Retired _____ Unemployed _____

Name of Employer _____

GENERAL INFORMATION

Type of Residence: House ___ Apartment ___ Condo ___ Mobile Home ___ Other (describe) _____

Do you own? _____ Do you rent? _____ If you live in a mobile home do you rent the property? _____

Landlord's or Manager's name and phone number _____

Housing location: City limits ___ County limits ___ On busy road ___ Slight traffic ___ County road _____

Residential area _____ Rural or Ranch area _____ Other _____

Have you owned a pocket pet before? Yes ___ No ___ What kind? _____

Describe the activity level in your house:

Busy? (visits by friends, meetings, children, parties) _____

Noisy? (TV, stereo, machinery, tools, children playing, dogs barking) _____

Moderate? (average comings and goings) _____

Quiet? (homebodies, few guests) _____

Other (specify) _____

If you move, what will you do with this animal? _____

In the absence of the primary caregiver, who will care for the animal? _____

Under what circumstances would you return the animal to us? (new job, divorce, new baby, move, illness, no time for) please specify

Are you willing to take responsibility if this animal acquires an illness _____

Are you aware of and able to pay the veterinary costs of caring for this animal? _____

How much time are you prepared to allow for your new pet to adjust to your home? _____

Are you aware that a pocket pet is a large and lifelong commitment? _____

PET INFORMATION

Have you had pets in the last five years? ____ If yes, complete the following chart :

Name/Type of pet	Years owned	spayed/neutered	inside/outside	Where is pet now?	Comments

Who is your Veterinarian? _____ Phone _____

City _____

I understand the information I have given will be verified by the Stafford Animal Shelter. We will confirm landlord permission and call your Veterinarian. In addition we reserve the right to request a home visit before adoption. This information will be held in confidence and used only by the Stafford Animal Shelter. **The Stafford Animal Shelter requires up to 72 hours for information to be processed. You will be notified as soon as possible as to the status of your application.**

Signature _____ **Date** _____

I certify that I am at least **18 years of age** and the information provided is correct to the best of my knowledge. I understand that the Stafford Animal Shelter reserves the right to deny any application for any reason. Providing false information may result in the denial of the adoption and/or the reclamation of the adopted animal. I am fully aware that I am adopting a living creature and that the Stafford Animal Shelter is unable to guarantee the health of any animal. I understand that I may return the animal to the Stafford Animal Shelter if it has an illness diagnosed by a licensed Veterinarian within the 7 day Test Drive period. I understand that if I choose to treat the animal for any illness that develops, I do so at my expense.

Signature _____ **Date** _____