



DOG & CAT ADOPTION QUESTIONNAIRE

The Benton-Franklin Humane Society is a private non-profit organization that is committed to all animals in our care and considers pet ownership a serious responsibility. 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 making the best placement match for you and the animal. The adoption process takes some time because we want you to have all the necessary information and to support you in a successful adoption. We ask for your cooperation throughout the process of bringing people and pets together. **You must be at least 18 years of age and be able to present photo ID to adopt a pet.**

Please Print Legibly

Complete All Fields

Date:	<u>Office use only (person code):</u>	Driver's License/ID#								
Name:	Date of birth:	Issuing State:								
Street Address: _____ Apt/Unit # _____										
City:	State:	Zip: _____ County: _____								
Primary Phone #:	Secondary Phone #:	Email: _____								
Type of Residence: i.e., House, Duplex, Apartment, etc.										
Property Manager's contact #:										
Ages of children that will have regular contact with adopted pet?										
Veterinarian Name										
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="radio"/> Childhood pets <input type="radio"/> First time pet parent <input type="radio"/> Have had 1-3 <input type="radio"/> Owned many animals • <u>Time away from home:</u> <ul style="list-style-type: none"> <input type="radio"/> Home all day <input type="radio"/> Away part time 4-7 Hrs. <input type="radio"/> 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: 5px;"> <thead> <tr> <th style="width: 50%; text-align: center;">The Day</th> <th style="width: 50%; text-align: center;">At Night</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Indoors</td> <td><input type="radio"/> Indoors</td> </tr> <tr> <td><input type="radio"/> Outdoors</td> <td><input type="radio"/> Outdoors</td> </tr> <tr> <td><input type="radio"/> Indoors w/outdoor access</td> <td><input type="radio"/> Indoors w/outdoor access</td> </tr> </tbody> </table> 	The Day	At Night	<input type="radio"/> Indoors	<input type="radio"/> Indoors	<input type="radio"/> Outdoors	<input type="radio"/> Outdoors	<input type="radio"/> Indoors w/outdoor access	<input type="radio"/> Indoors w/outdoor access	What would you like more information on: <ul style="list-style-type: none"> <input type="radio"/> Training Tips <input type="radio"/> House/Litter Box Training <input type="radio"/> Medical Care <input type="radio"/> Nutrition <input type="radio"/> Pet Introductions <input type="radio"/> Children Introductions <input type="radio"/> Appropriate Toys <input type="radio"/> Other: _____ _____ _____ _____
The Day	At Night									
<input type="radio"/> Indoors	<input type="radio"/> Indoors									
<input type="radio"/> Outdoors	<input type="radio"/> Outdoors									
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This questionnaire remains the property of the Benton-Franklin Humane Society.

THIS SIDE FOR OFFICE USE ONLY

Verify	Initials
Address/ID	
Family Meet	
Pet Meet	

Holds: 24hr / Premise Inspection / Medical	Date & Time
Animal Name & AID: _____	Hold Until: _____
	Initials: _____
	Paid: _____
Animal Name & AID: _____	Hold Until: _____
	Initials: _____
	Paid: _____
Animal Name & AID: _____	Hold Until: _____
	Initials: _____
	Paid: _____

SHOWING NOTES: (Date, AC#, Animal Name, Detailed notes and Initial)

SHOWING PERFORMED BY:

Medical History/ Observations <input type="checkbox"/>
Temperament/Behavior notes: <input type="checkbox"/>
Animal History: <input type="checkbox"/>
Consult: <input type="checkbox"/>

ADOPTION CHECKLIST:	ADOPTION COUNSELOR:
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<input type="checkbox"/> Vaccinations/Medical Overview	
<input type="checkbox"/> Consult/Medications	POST ADOPTION CHECKLIST
<input type="checkbox"/> Microchip/ Pet Insurance	
<input type="checkbox"/> Tags/Collar/Care Package/Food	<input type="checkbox"/> Email Adoption Photo to amberz@bfhs.com
<input type="checkbox"/> 'Rule of 3' /What to expect	<input type="checkbox"/> Scan and Upload Observations
<input type="checkbox"/> Positive-Based Training	<input type="checkbox"/> Scan and Upload Consult
<input type="checkbox"/> Email Records to Adopter (Medical & Behavior notes, Dog/Cat Packet, Previous Records, Microchip)	<input type="checkbox"/> Contact other holds
<input type="checkbox"/> Adoption Photo	<input type="checkbox"/> File Adoption Agreement/Receipt

Additional Comments (enter in ShelterBuddy):