

**VALLEY ANIMAL SHELTER ADOPTION QUESTIONNAIRE**

DATE: \_\_\_\_\_ PET(S) APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

1. Do you have now or have you had any pets in the past five years?

\_\_\_\_\_

2. How Many ? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

3. Please list names and ages of pets:

\_\_\_\_\_

\_\_\_\_\_

4. Do your pets go outside? \_\_\_\_\_

5. Are your pets up-to-date on appropriate vaccinations? YES \_\_\_\_\_ NO \_\_\_\_\_

Please explain if not up-to-date: \_\_\_\_\_

\_\_\_\_\_

6. Do you have young children? \_\_\_\_\_

7. Your veterinarian's name and phone #: \_\_\_\_\_

\_\_\_\_\_

8. Landlord's name and phone #: \_\_\_\_\_

\_\_\_\_\_

9. How long have you resided at your current address? \_\_\_\_\_

10. Does anyone in your household have allergies to pets? YES \_\_\_\_\_ NO \_\_\_\_\_

11. Reference name and phone #: \_\_\_\_\_

\_\_\_\_\_

12. Parent/Guardian name and phone # if applicant under 21 years of Age:

\_\_\_\_\_

13. Applicant Signature for permission to contact veterinarian, landlord, and/or references:

**X** \_\_\_\_\_

NOTE: ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE VALLEY ANIMAL SHELTER. WE ENDEAVOUR TO PROCESS APPLICATIONS WITHIN 2-3 BUSINESS DAYS. ADOPTIONS ARE ON A FIRST-COME-FIRST-SERVED BASIS. WE PREFER TO ARRANGE AN APPOINTMENT FOR YOUR ADOPTION HEALTH EXAM AND ENCOURAGE YOU TO BE PRESENT FOR THIS TO HELP ENSURE A SUCCESSFUL TRANSITION INTO YOUR HOME.