

Adoption Questionnaire:



The goal of the Pet Alliance of Greater Orlando is to find loving, permanent homes for the animals sheltered with us.

- By answering these questions, our adoption counselors will guide us both toward making the best decisions possible.
- Thank you for considering the Pet Alliance of Greater Orlando as a resource for you and your future pet.
- We believe a pet adoption a lifelong commitment – a match made with great care.
- We know that temporary housing in a shelter is not ideal for pets. We also know it's much harder on a pet to leave our shelter only to be returned because all important factors were not considered.

PLEASE NOTE: Many apartment complexes, rental homes, HOAs or landlords may have restrictions on the size, number, or breed of pets that can live with you. Additionally, they may require deposits beforehand. We strongly suggest you check with them before completing this questionnaire.

Name: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Please answer the following questions and be prepared to discuss them with the adoption counselor:

Do you have any current cats and/or dogs? Yes _____ No _____

If yes, how many and what types? _____

Are they spayed/neutered? Yes _____ No _____

Are they up-to-date on vaccines? Yes _____ No _____

For dogs: are they current on heartworm prevention? Yes _____ No _____

If yes, what kind of prevention do you use? _____

What is your activity level? Light _____ Moderate _____ High _____ Extreme _____

What qualities did you like in the pet you selected? _____

QUESTIONNAIRE CONTINUES ON THE FOLLOWING PAGE

Where will this pet be kept during the day? Inside _____ Outside _____ Both _____

Where will this pet be kept at night? Inside _____ Outside _____ Both _____

Where will this pet be at when you are not at home? Inside _____ Outside _____ Both _____

How do you plan on exercising your pet? _____

What behaviors are you not able to tolerate or would be difficult for you to manage? _____

What would you do if this animal didn't get along with your current pets? _____

What questions do you have for me? _____

Would you like to know more about our resources? Medical _____ Behavioral _____ Neither _____

By signing below, I find the information provided on this form to be true and accurate.

Signature of Adopter

Date