

## 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**