

TWIN FALLS ANIMAL SHELTER/HUMANE SOCIETY

PRE-ADOPTION QUESTIONNAIRE

420 Victory Ave. / P.O. Box 1163 Twin Falls, ID 83303 208-736-2299

ALL APPLICATIONS MUST MEET ADOPTION GUIDELINES. WE RESERVE THE RIGHT TO DENY ANY APPLICATION.

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____ Work: _____ Cell: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. Check the type of dwelling you live in: House Apartment Townhouse/Condo Mobile Home
Do you own? Rent? How long? _____ Landlord Name/Phone _____
2. How many adults in the household? _____ children? _____ ages of children? _____ allergies? _____
3. Are you planning to move in the future? YES NO If so, when? _____
4. Who will be responsible for the pets care? _____
5. Have you ever adopted an animal from (or returned an animal to) a shelter? YES NO When? _____
6. If you returned an animal, what was the reason? _____
7. Do you plan to give this pet as a gift? YES NO If yes, to whom? _____

LIST ALL OF THE PETS YOU HAVE OWNED IN THE PAST 5 YEARS

<u>Type of pet</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered Yes/No</u>	<u>Kept In/Out?</u>	<u>Do you still own the pet?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. What kind of animal do you want to adopt? DOG PUPPY CAT KITTEN
9. ALL PETS WILL BE SPAYED OR NEUTERED
10. Where will the pet be kept during the day? (i.e. indoors, in/out, patio....) _____ Night? _____
If outside, describe the shelter you will provide _____
11. Length of time during the day the pet will be left alone? _____
12. What type of fence do you have? _____ Fence height? _____ Fully enclosed? _____
13. Who is your veterinarian? _____
14. Are you prepared to abide by all the Animal Control laws that prevail in your area? YES NO

PLEASE GIVE US A BRIEF EXPLANATION OF YOUR REASONS FOR WANTING TO ADOPT THIS PET

I hereby authorize the release of the Twin Falls Animal Shelter/Humane Society of all veterinary records of any and all animals I have owned. I certify that all the information in this application is true and I understand that false information may void the application. I am 18 years old or older.

Signature _____ Shelter Agent _____
Approved/Denied _____ Reason _____