

Dog Pre-Adoption Questionnaire

CHARLEVOIX AREA HUMANE SOCIETY
614 Beardsley Street
Boyne City, MI 49712
231-582-6774 ext 3

Adoption Fees: \$150.00 **Must be 21 or older to adopt**

Our pets' adoption fees include current vaccinations excluding rabies on some, permanent microchip identification, training information and more!

All senior dogs 8 years and older are \$95 to adopt

Puppies 9 Months and Younger WILL Require Puppy Classes! A list of trainers is available.



Office Use Only	
Vet _____	A _____
DNA _____	R _____
LL _____	PP _____

1. _____
Name (First, Last and Middle Initial of **EACH** adult in the house) _____ Date of Application _____

2. _____
Present Address _____ Unit/Apt # _____ City _____ State _____ Zip _____

3. _____
Home Phone _____ Work Phone _____ Email Address _____

4. I want this animal for (please circle all that apply): For Child Family Pet Companion for Pet Companion for me
Other (please explain) _____

5. Are any of the people responsible for this animal employed, if so, where? _____

6. Do **ALL** members of your household want a new pet? Y N If no, please explain: _____

7. How many adults are in the household? _____ Children? _____ Children's Ages: _____

8. Are you over **21**? Y N Are you a student? Y N

9. Type of Home (please circle) Town Home Apt. Condo House Mobile Home Oth-
er _____



10. Do you own your own home? Y N **If yes, For how long?** _____

11. **If you rent (this includes property), please provide your landlords contact information below (your landlord will be contacted.)**
How long lived here: _____

Name _____ Phone Number _____

12. If you own a Condo, have you checked with your homeowners' association regarding their pet policy? Y N

13. Do any members of your household have allergies specific to animals? N Y Please explain _____

14. Are there any elderly or disabled persons who live in your household? _____

15. Do you already have a veterinarian? Y N (If yes, please provide your Veterinarian's Practice Name and Phone number)

16. May we phone your veterinarian for a reference? Y N If no, please explain: _____

17. Please list every pet residing at your home.

Name Breed/Type Age Sex Spayed/Neutered #of years owned Indoors/Outdoors/Both

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18. Have you owned any pets in the last five years not listed as current? Y N
If yes please explain: _____
19. Can your veterinarian verify vaccination history on current or past pets? Y N
If no please explain: _____
20. Have you relinquished or given away any pets before? Y N If yes, please explain the circumstances involving giving up your pet, i.e. to whom, why and when: _____
21. Where will your new pet be kept when you are home? _____
22. Where would your new pet be kept when you are **NOT** at home? _____
23. When outdoors, please explain how your pet would be confined _____ *Examples might be: on leash, Zip line, chain, fence (if fenced in completely, please give full description of type and height of fencing)
24. Total length of time outside: _____ Type of shelter: _____ Type of shade provided: _____
25. In a 24-hour day, how long (Hours) would the pet be left alone at a given time? (Circle One)
2-4 Hours 4-8 Hours 8-12 Hours 12+ Hours
26. Given the possibility of housetraining difficulties, please explain your expectations on this tedious and sometimes very frustrating task: _____
27. Who would ultimately be responsible for the socialization and training needs of your new pet? _____
28. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship. Remembering that you are applying for a lifetime companion, are you willing to make the investment in both time and finances (up to \$1000 annually) to care for and properly manage your new pet? Y N
29. Would you be willing to allow a representative to make a home visit at a mutually agreed upon time? Y N
If no please explain: _____
30. Will there be any major changes occurring in the next 6 months (ex: new baby, moving) _____
31. What will you do with your pet if you move? _____
32. What will you do with your pet when you go away on vacation? _____
33. What will you do with your pet if there is a family emergency? _____
34. How did you find out about Charlevoix Area Humane Society? (Please circle one below)
T.V. Paper Website Family/Friend Radio Yellow Pages Mobile Other _____



THANK YOU FOR TAKING THE TIME TO
COMPLETE THIS APPLICATION

*Permission required for duplication

NOTES: