

BERKELEY COUNTY HUMANE SOCIETY

WISH LIST QUESTIONNAIRE

DATE: _____

DOG _____ CAT _____ SEX _____ AGE _____ WEIGHT LIMIT _____ LBS

BREED TYPE: _____

Prefer: Long hair _____ Medium hair _____ Short hair _____	Energy Level: High _____ Medium _____ Low _____	How many pets living with you? _____ Type of pets _____ Inside pets: Yes _____ No _____ Number of hours that pets are left alone each day _____ Spayed/Neutered: Yes _____ No _____ Current on vaccinations: Yes _____ No _____ How do you handle housebreaking issues? (Explain) _____ _____
Is housebreaking an issue? Yes _____ No _____		

Veterinarian name _____ Phone # _____

Are you financially able and willing to have the animal you adopt spayed/neutered and vaccinated in the time required by the shelter? Yes _____ No _____

A pet can live for 15 + yrs. Are you willing to commit to being responsible for the pet for its lifetime? Yes _____ No _____

Are you financially able to provide continued health care for the animal you adopt? Yes _____ No _____

Would grooming time or expense be an issue? Yes _____ No _____

Number of adults in household: _____ Number of children in household: _____

Age of children: _____

Any family members with known animal allergies? Yes _____ No _____

Live in a: House _____ Apt _____ Mobile Home _____ Condo _____ Townhouse _____ Own _____ Rent _____

Any weight or breed restrictions? Yes _____ No _____

Landlord's name: _____ Phone number: _____

NOTE: Consent from landlord or copy of lease is required if renting

Fenced yard (4 sides): Yes _____ No _____ Type of fence _____

If no fence how will exercise & toilet be handled? Leash _____ Cable _____ Kennel _____

Will pet be kept indoors: Yes _____ No _____ OR outdoors: Yes _____ No _____

What type of shelter will the pet have for protection from the weather? _____

Will the dog/puppy be in a crate when no one is at home? Yes _____ No _____ How long? _____

Adopted from BCHS before? Yes _____ No _____ When? _____ Still have pet: Yes _____ No _____

If no longer have pet what happened to pet: _____

Print name: _____

Print Address: _____
(Street) (City) (Zip code)

Home phone #: _____ Cell #: _____

Signature: _____

BCHS representative: _____ DNA checked Yes _____ No _____