

BERKELEY COUNTY HUMANE SOCIETY "ADOPTION & WISH LIST QUESTIONNAIRE"

DATE: _____

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

BREED TYPE: _____

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|---|--|--|
| 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 _____ | | |

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| 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 _____ |
| Person or Spouse in household over 60 yrs old for Purina for Seniors? Yes _____ NO _____ |

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|---|
| 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: _____ |

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|--|
| Print name: _____ |
| Print Address: _____ (Street) (City) (Zip code) |
| Home phone #: _____ Cell # _____ |
| Signature: _____ |

BCHS representative: _____ DNA checked Yes _____ No _____