

# Humane Society of Lincoln County Adoption Questionnaire

Thank you for your interest in adopting a pet from our shelter. Our goal as an organization is to place our pets into secure and loving homes. Our standards reflect sound veterinary advice and current adoption guidelines of the Humane Society of the United States and the ASCPA. The following questionnaire is designed to tell us a bit about you so that we can assist with an adoption, resulting in a successful placement for both the adopter and the pet.

Please answer the following truthfully and to the best of your ability. **\*Required**

\*I am at least 21 years of age and head of the household. Yes No

\*Name \_\_\_\_\_ \*Home Phone \_\_\_\_\_ \*Cell \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Physical Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Place of employment \_\_\_\_\_ \*Work PH \_\_\_\_\_

\*Email Address \_\_\_\_\_ **\*Would you Like to be on our E-mail List** Yes  No

Retired? Y N Full-time Student Y N Part-Time Student Y N

Type of residence Please Circle: House Condo Trailer Apartment RENT or OWN

Landlord's name \_\_\_\_\_ Phone # \_\_\_\_\_

\*Renter's landlord *will* be contacted for approval prior to any adoptions

If renting, name of subdivision or trailer park \_\_\_\_\_

I live: Alone with parents with spouse/family with roommates # \_\_\_\_\_

Children in household? Y N How many \_\_\_\_\_ Please give ages \_\_\_\_\_

Please list current pets. (Dogs and Cats)

Dog/Cat Sex Spayed/ Neutered Breed Age

\_\_\_\_\_ Y / N \_\_\_\_\_

\_\_\_\_\_ Y / N \_\_\_\_\_

\_\_\_\_\_ Y / N \_\_\_\_\_

\_\_\_\_\_ Y / N \_\_\_\_\_

\*Name of Veterinarian: \_\_\_\_\_

Where will this pet sleep at night? \_\_\_\_\_

Do you have a fenced yard or pet area? Y N How high is fence and what type? \_\_\_\_\_

Do you have an emergency evacuation plan that includes your pets? Y N

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Signature

Date