



# Pre-Adoption Questionnaire

Animals Name: \_\_\_\_\_

Animals Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ (home, work) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact for microchip (someone other than yourself) if your pet is found:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes, provide my information to anyone who finds my pet. No, only 24-petwatch may contact me.

MCAHS would like to celebrate your adoption! Please sign below if you consent to a photo which may be used in future marketing and publications by MCAHS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Are you 18 years old or older? Yes No
- What are your reasons for getting a new pet? \_\_\_\_\_
- Have you lived with pets in the past? If so, what kind(s) \_\_\_\_\_
- Where do you plan on housing your new pet. \_\_\_\_\_
- Who will be the primary caregiver for your new pet. \_\_\_\_\_
- Will there be any children around your new pet? If so, what age(s) \_\_\_\_\_
- Will there be any other animals around your new pet? If so, What kind(s)? \_\_\_\_\_

Staff Use Only: Initial when complete.

Copy of Drivers Licence  Adoption Contract  Rabies Certificate  Medical Records  Print 3 Receipts  Food and Goodie bag

Check for Microchip