

South Pacific County Humane Society

Pre-Adoption Survey

The South Pacific County Humane Society (SPCHS) strives to find forever homes for cats and dogs. We ask that you only consider adopting one of our animals if you will provide it a loving home for its lifetime, which may be as long as 20 years.

A Home Visit may be required before adoption.

Your Name (First and Last)		Email	
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell	Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, consent of guardian/parent is required.			

More about where you live	
<p>Do you live in a <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other:</p> <p>Do you own the above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the property recorded in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you <input type="checkbox"/> Rent or <input type="checkbox"/> Live with a relative, including parent</p> <p>Landlord/Relative's Name: _____ Phone: _____</p>	

Veterinary History/Reference		
Clinic Name:	Location:	
Phone:	Year of Last Visit:	Pets' Names:

Animal to Be Adopted	
Animal Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female

Animal to Be Adopted (continued)

Why did you select this particular animal?

Please describe your lifestyle and how/why this animal will be a good fit

How will this animal be cared for and kept safe when you are not at home for both short and long time periods?

What other animals are in your home? Who else lives with you or frequently visits (e.g., family, friends)?

I authorize verification of the statements made in this survey or in conversations with SPCHS representatives, and authorize my veterinarian to release any information required by SPCHS. I understand that SPCHS has the right to deny my request to adopt an animal for any situation that would be contrary to SPCHS' adoption conditions, in violation of any state or local ordinances, or not in the best interest of the animal.

Signature: _____ Date: _____

SPCHS Use

Action	By	Date
--------	----	------

PP #	Date	Amt	<input type="checkbox"/> Cash <input type="checkbox"/> Ck <input type="checkbox"/> CC	By
------	------	-----	--	----