

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
Mailing Address		City	State
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
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 _____ 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 Do you <input type="checkbox"/> Rent or <input type="checkbox"/> Live with a relative, including parent Landlord/Relative's Name _____ Phone _____

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?

If application is for a dog, do you have a fenced yard? What type of fence? How high?

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

PRP LRD GMP VET FBK DNA M&G

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